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LET THERE BE LIGHT!

THE MEDICO-PHARMACEUTICAL

# Critic and Guide

WILLIAM J. ROBINSON, PH.G., M.D.

Editor and Founder.

A Journal of Individuality. A Free Lance in the Noblest Sense of the Word. No "policy" except the policy of Truth, Honesty and Fairness. No padding. No dead Matter. All Frauds and Humbugs fearlessly Exposed.

VOLS. VI—VII.

1906.

12 Mt. Morris Park West
New York City.

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MEDICO-PHARMACEUTICAL

# CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1. Single copy, 25c. Foreign countries, $1.50; 6 Mks; 8 Frcs.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. VI. JANUARY 1906. No. 1.

**We wish you all a happy New Year. May you feel justified in exclaiming with satisfaction, on the thirty-first of December, 1906: This year I have not lived in vain!**

**All communications should be sent to our new address: 12 Mt. Morris Park West, New York City.**

**☞Please do us the kindness to remit for the year 1906, without waiting for a bill.**

**What is a paltry dollar versus twelve monthly visits of the bright, interesting, thought-stimulating, love-inspiring, and sham-exposing Critic and Guide?**

**Send us your dollar TO-DAY; you will have it off your mind, for a year, and we shall feel pleased.**

## YOU CANNOT TEACH TRUTH ON ONE PAGE AND SPREAD FALSEHOOD ON THE NEXT.

*An open letter to Wilshire's Magazine and other radical publications.*

I have a disagreeable duty to perform. This world is so steeped in ignorance and superstition, is so enslaved by orthodoxy—religious, political, social, economic—that the radical journal, the journal that jars our foolish beliefs, that stirs our gray matter to an effort at thinking, that shatters our clay idols and kicks the tin gods off their pedestals, is a necessity, a blessing. I should like to see many more of them. I do not agree with everything found in the pages of the radical journals—of course not. But they, as a rule, deserve support, because their intentions are good, their general tendency is toward Truth, Freedom, Enlightenment.

There are several journals, however, which either thru ignorance or thru the pernicious jesuitic belief that the end justifies the means, are permitted to sully their pages with the vilest, meanest, most fraudulent advertisements and thus offer the spectacle

of preaching the Truth on one page, and aiding in the spread of Falsehood and Fraud on the other.

I have before me the December issue of one of my radical exchanges—*Wilshire's Magazine*. Wilshire is a sincere man. He earnestly wishes to see this earth a better place to live in, and he is working unselfishly, tho sometimes rather clownishly, for the betterment of mankind. But let us see some of the advertisements. The first ad. that strikes our eye is that great fraudulent humbug or humbuggy fraud, than which there are few worse in the whole wide world—Liquozone. Is that right, Mr. Wilshire? I wish I could throw the mantle of charity over you and say: He doesn't know what a humbug that nostrum is. But it is impossible you shouldn't know the true nature of the preparation after the numerous exposés that have been printed of it in the various widely circulated journals. And is it fair to your readers? The readers of your journal are supposed to be the poor working men and women of this country. Is it fair to make them spend their hard earned money on worthless nostrums? And isn't your journal really doing more harm than good? Because, while the benefit of your propaganda is problematic and may be of profit only to the grandchildren of your present readers, the *harm* is distinct and immediate, and concerns your present readers. The next fraud is the well known Actina, which its dishonest manufacturers claim is capable of curing deafness. This is a worthless toy which costs a few cents to manufacture, but which is sold for several dollars. Is it fair to be instrumental in inducing perhaps a poor woman suffering with deafness to give away her last savings in the vain hope of being cured by—a fake? Then follow a couple more humbugs—Rheumatism cured thru the feet—Magic foot draft—$1.00 Pain Paint: then there is again a vile, vicious, heartless fraud—"Consumption cured—Free!" What excuse can you offer for publishing such a fraud? Do *you* believe that those pastilles at once "destroy and clear out the poison germs, open wasted cells, rebuild tissue, *heal lung cavities,*" etc., etc.? Do you believe that the problems occupying the minds of the world's greatest scientists have been solved by those ignorant, illiterate, conscienceless fakirs? Haven't you read enuf of the heartless, fraudulent consumption-cure thieves who rob their victims of their last cent and by their ignorant treatment take away their last chance of relief or recovery? And what balm can you apply to your conscience when you consider that that advertisement might have taken out hundreds of dollars from the pockets of your poor tuberculous readers—people who could ill afford to spare the money and still more illy afford to waste their time with *worthless nostrums?* The last cover page is occupied by the Vitae-ore, a worthless humbug, the claims of which are so absurd that you don't know whether it is to weep or to laugh. Then you have an ad: Your fortune told free. Is that an ad. for a

radical or even a liberal paper? Do *you* believe that "astrology" reveals your life?" And if you don't why do you permit such ads. in your pages?

This December issue isn't by any means the worst. On picking up the October issue, the stench becomes unbearable. It is full of cures for cancer, rupture, piles, obesity (with very artistic pictures), drunkenness, tobacco habit, eye diseases, catarrh (the fake specialist Sproull!), fortune telling ads., etc., etc. But there is one ad. which should bring the blush of shame into the cheeks of any fairly honest and intelligent editor. "What mysterious power does this man possess?" is the title of the advertisement adorned with the picture of an imbecile. "Heals the sick and afflicted and does other seemingly impossible things, though hundreds of miles away." Prof. (Prof. indeed!) H. T. McIntyre, the New York wonder worker performs startling feats that almost carry us back to the days of miracles. Many look upon him as a man possessed of divine power." And he does everything free, for nothing, gratis. "Many offer me fine presents, but I refuse them," says that fakir. "I am working for the uplifting of mankind and *science*(!) The kind letters received from grateful hearts more than pay me for my services" (and who pays for the ad. in Wilshire's?). No, it doesn't go, Mr. Wilshire. You stultify yourself and your work by admitting such stupid, fraudulent, lying, false-pretense advertisements in the pages of your journal. And this at a time when there is an awakening of the public conscience and when journals which you would stamp as capitalistic, such as *Ladies' Home Journal, Collier's Weekly, Everybody's Magazine,* the New York *Times,* etc., not only exclude such advertising, but fight it vigorously and devote a good deal of their space to exposing these humbugs and to enlightening the people on the danger of the poisonous nostrums.

But aside from the general immorality and the unfairness to your readers of printing such advertisements, there is another side to the question. *By printing such advertisements you injure your own propaganda.* Imagine an intelligent young man unfamiliar with socialism picking up a copy of Wilshire's. His eye strikes the mysterious fakir McIntyre, or any of the Consumption or Cancer cures, or Vitae-Ore. He is at once disgusted and either throws the paper down, or if he reads some of the articles they produce little or no impression on him. His mind is prejudiced and he thinks your arguments are as false as your advertisements. *Falsus in uno, falsus in omnibus.* Mr. Wilshire: Cut your fraudulent advertisements out! Try to run your journal without them; if that is impossible, discontinue the journal. That is at least what I would do if I were in your position. *We are not obliged to do evil in order that we may be able to do good,* especially when there are grave doubts as to the relative proportions of the evil and the good.

You cannot print the Truth on one page, and Fraud and Falsehood on the other!

What is said about Wilshire's applies with equal force to several other radical publications. In the *Truth Seeker,* for instance, I find an advertisement which is fit only for the Police Gazette. It is an ad. of the Lost Manhood variety. That doctor claims that he has the greatest remedy known (of his own discovery!) and it will effect a complete and permanent cure in all sexual disorders. He says that he stands foremost in his profession. But his name—Dr. R. P. Fellows, Vineland, N. J.—is not even to be found in any medical directory. In other words he is an ordinary fakir. I wonder if the editors of the *Truth Seeker* appreciate what a disgusting impression such fraudulent advertisements make on intelligent men and I wonder if they appreciate the psychologic fact, that a part of that disgust is unconsciously transferred to the reading matter.

No, gentlemen. You claim to be, and, as a rule, you are the purveyors of truth in your editorial pages. It behooves you, therefore, to exercise rigid control over your advertising pages and kick out therefrom all lying, fraudulent, deceitful statements made by the dishonest fakirs whose only object is to rob the gullible public. You must do it for three reasons: First, it is dishonest per se to aid in the spread of humbuggery; second, it is unfair to your readers to induce them to spend their money on worthless and injurious trash; and, third, such advertisements injure the prestige of any journal and you thus minimize the value of your own propaganda.

I trust this criticism will be taken in the same kind spirit in which it is given.

---

## THE CHANGE IN PUBLIC OPINION TOWARDS THE SUBJECT OF VENEREAL DISEASES AND THE SOCIAL EVIL.

You all know what the ostrich does when he notices a pursuer; he sticks his head in the sand so as not to see the danger. That has been the public's attitude towards venereal diseases exactly. It closed its eyes and stuffed its ears to venereal diseases and the social evil. It was an unpleasant subject, the problems were disagreeable, and the wise public apparently thought the best way to solve them was to ignore their existence. But this is not the way to settle important social questions; the canker began to eat too deeply into the body of the social organism, and the thinking part of the population decided it was time to take up the subject openly and to speak out loudly. A great change is taking place. University professors consider it necessary to speak frankly to their students on the subject, societies are being organized for the study of the social evil and the prophylaxis of venereal disease and even Boards of Health are taking a hand in the matter. In Europe the Societies of Sanitary Prophylaxis are

much more active and have more members than our societies here, but good work is now being accomplished in this country also.

We reprint elsewhere the Circular of Information adopted by the conference of State and Provincial Boards of Health of North America. We believe it would be a good thing if physicians would hand this or a similar circular to every one of their patients suffering from gonorrhea or syphilis. We shall be pleased to send to any of our subscribers a reasonable number of reprints of this circular.

---

## THE MERRY WARFARE AGAINST NOSTRUMS AND A WARNING.

It is a merry spectacle. How they do vie with one another in their attacks on the "ethical" nostrums! Professors and writers and just doctors, who during a period of 25 years never considered it necessary to say a word against the nostrum—swallowing it and prescribing it all the time—have all at once become inbued with a zeal that reminds one of the reformed drunkard. We presume it will be ungrudgingly admitted that the Editor of the CRITIC AND GUIDE had something to do with this movement. In fact, the resentment of the nostrumists against the Editor is so unquenchably strong, only because they accuse him of having been the sole cause of the trouble. They say our paper read before the American Medical Association at New Orleans (see Journal of the American Medical Association, April 16th, 1904) started the ball a-rolling. Be this as it may, the present spectacle is a merry, edifying and interesting one.

We ought to be satisfied. Well, we are and we are not. Why we are, needs no explanation. The fraudulent nostrums could not be exposed any too soon or too often. But we fear that the entire movement may be sidetracked, distorted, destroyed by the excessive zeal of well meaning, but ill-informed persons, by ignoramuses, by narrow-minded druggists. From the very beginning we prayed for discrimination. We warned against wholesale denunciation as worse than useless. But that is exactly what is taking place. Doctors who have not the slightest idea of the composition of a remedy, doctors who have the vaguest notions about the words proprietary, patent, patented, nostrum, men in whose hazy minds there is no difference between adrenalin, phenalgin and peruna, are undertaking to instruct the profession in the ethics of prescribing. Others find fault with the *names* of proprietary remedies. They are not euphonious enuf or too fanciful.

Now, let us not allow ourselves to get rattled and sidetracked. The real questions which the physician must ask himself with reference to a proprietary remedy are these: *What* is the drug,

i. e., what is its composition, what is it prepared from? And what is its therapeutic action? If satisfied on these two points, he can afford if he so desires, to neglect all the rest and nobody should hold him up to ridicule. The questions as to the price of the drug, its fanciful name, the package in which it is put up, etc., are of quite secondary importance. Of course he should be instructed in prescribing his own combinations, but the fact remains that very many physicians are incapable of ordering several ingredients without making an unpalatable, incompatible or unsightly mixture, and if they, in consequence, prefer to prescribe a palatable mixture, ready prepared by a manufacturing house, they have a perfect right to do so. The whole question turns on the secrecy or non-secrecy of the formula.

To prescribe a nostrum, i. e., a preparation of unknown composition—for this there can be no excuse. It is stupid, it is often criminal. But indiscriminate attacks against all proprietary remedies, merely because they are proprietary, are also stupid, because they are unjust, and second because they defeat our original object of separating the wheat from the chaff, the secret from the non-secret preparations. The physician seeing some of the preparations of known composition, which he used for many years and found valuable in his practice, condemned, begins to think that all the criticism of proprietaries is foolish or has some personal motive behind it. The result will be a reaction, a swing of the pendulum to the other extreme, that is, the physician will cease paying attention to our educational propaganda altogether and will again lend a willing ear to the nostrumistic sirens. God save us from our overzealous friends.

It might not be amiss to conclude this editorial with the concluding paragraph of our paper read at the 54th annual session of the American Medical Association.

I said then as I say now: Do not misunderstand me; I do not attack all patent or proprietary preparations. Not at all. Our first duty is to our patients. If a patented preparation will do our patients more good than an official one, let us prescribe it by all means regardless of the fact that the manufacturers are making a good profit out of it. I am simply pleading for discrimination. The high-class manufacturers of true synthetics, of products in whose preparation real chemical skill and knowledge are required, or of elegant pharmaceutical preparations, about the composition of which there is no mystery and about which no extravagant assertions are made, who subject their remedies to clinical tests at the hands of competent physicians before they launch them into the market, should be supported and encouraged; the fakirs who mix two or three well-known ingredients, christen them with some fancy name and make extravagant assertions for them, should be boldly and fearlessly exposed.

## THE PREVENTION OF CONCEPTION.

The question of the prevention of conception is one of the utmost delicacy. It must be handled with extreme care and circumspection—and not only because you are liable to excite the anger of His Majesty Anthony Comstock, not only because you are liable to become entangled with the post office authorities, not even because you are apt to offend the perverted sensibilities of the male and female prudes and unconscious hypocrites with which our country is so abundantly blessed, but because many good, honest and rational people are of the opinion that this is a question which had best be left alone. We do not agree with the latter. We believe that the question of the prevention of conception is of the utmost importance to the race, and no question which affects the health, well being and life of hundreds of thousands of people should be left alone, even if it is a delicate question, even if we are forced to handle it with dressed-kid or velvet gloves.

Thousands of young wives go down every year to premature graves, victims of self-induced or criminally induced abortion, tens of thousands drag about, unhappy, hopeless, melancholy invalids, thousands of men live miserable lives as sexual neurasthenics, as a result of what? As a result of the barbarous taboo put upon the discussion of the question of conception-prevention.

There are safe, harmless, sure contracepts, but the spread of information about them is a punishable crime. And so long as the spread of such information remains a legal crime, men and women will continue to use methods which undermine their health and render them permanent invalids, the coffers of the manufacturers of the fraudulent tansy and pennyroyal pills and female regulators will fill with gold, the abortionists will thrive and grow fat, and—the cemeteries will continue to fill with the untimely graves of wives and mothers.

Oh, the pity of it!

Of course, there are many estimable men and women who hold that dire consequences would follow the general use of contracepts. We shall answer all objections in the February issue.

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## SPELLING REFORM IN THE WRONG DIRECTION.

We are for reform in spelling—as we are for reform in everything needing improvement. But it must mean a step forward—not a step backward. We have introduced the modified spelling in a few words which sadly needed it such as tho, thoro, etc. The ugh in though, thorough, etc., is neither useful nor ornamental, and I cannot help feeling something like resentment against those journals that continue to spell these words in the old idiotic fashion. But on the other hand, I have no sympathy with those reformers whose changes make for ugliness or confusion, par-

ticularly the latter. I have no use for "askt," "publisht," etc., and I have a decided objection against chopping off the final e in the alkaloids and in the binary salts. The *e* in morphine, atropine, strychnine, aconitine, cocaine, eserine, pilocarpine, etc., serves a distinct purpose. It stamps those compounds as alkaloids and differentiates them from the class of glucosides, neutral principles and various other compounds or extractives. It is a great pity to have this distinctive termination removed. The good it does by its presence is worth more than the space-saving that we would get from its absence. We are glad to see that the Pharmacopeial Committee was not moved by the extreme reformers and has had the good sense to retain the good old final *e*. Let us hope that it will stay there.

As to the final *e* in the binary compounds, the plea of distinctiveness does not hold, but here it is a matter of pronunciation. What is the practically universal pronunciation of bromide, chloride, iodide, sulphide, etc.? Is it bromid, chlorid, iodid, sulphid, or is it bromide, chloride, iodide, sulphide? It is the latter, of course. Well, if this is the case, the final *e* should be left on. Here also the Pharmacopeia followed the old established custom in this country. But still in the haloid and binary combinations we could see the final *e* disappear without the shedding of many tears. In the alkaloids, however, the final *e* serves a distinct purpose and woe to him who sacrilegiously chops it off!

## THE N. A. R. D. AND DR. SHOOP.

The notorious fakir, Dr. Shoop, has lowered the prices on some of his delectable or detestable patent nostrums. "Hurrah for Dr. Shoop," exclaims the N. A. R. D. Notes (Nov. 18) in an appreciative editorial of that worthy. The N. A. R. D. is a great organization and is capable of doing great good to the druggists of the United States. But is it going to hurrah every fakir who lowers his prices to $2, $4 and $8 a dozen, regardless of how vile his products and his methods may be? We hope not. And we believe that the continually repeated injunction of N. A. R. D. Notes to the druggists to discriminate against $9 a dozen preparations in favor of the $8 a dozen ones, *regardless* of the merits or demerits of the respective preparations, is very unwise, to say the least. We repeat the National Association of Retail Druggists is a great organization, and the CRITIC AND GUIDE wishes it every possible success. But we do hope that said organization will not degenerate into a picayune concern, whose sole object shall be an increased profit on patent medicines.

As we understood it, the original object of the organization was to help in the work of the destruction of the patent medicine evil, and not in the work of boosting the "protected and right-priced" nostrums.

And the CRITIC AND GUIDE believes that Peruna and Dr. Shoop's medicines are as big fakes as they ever were. In other words, we believe that a fake is just as much of a fake at 67 cents as it is at 75 cents. And druggists should do everything in their power to discourage the sale of fakes. Now there!

## BARBERS AS VENEREAL SPECIALISTS.

We are progressing. It has always been the layman's delight to meddle in medicine, to play the part of doctor. But he has generally assumed the rôle of a general practitioner, recommending cough medicines, rheumatism cures, chills and ague powders, cathartic teas, etc. But now the layman is taking to the specialties. Within the week that is just past I had two patients in my office, one a gonorrhœal, the other a syphilitic, both of whom had been treated—that is, maltreated—for a long time by their barbers; with what result can easily be imagined. The first patient will carry with him for some time to come a chronic prostatitis, the second one will be minus one-half of his glans penis. He had a chancre in the meatus, which was treated by the specialist barber as a gonorrhea, with copaiba and cubebs internally and injections of zinc sulphate. Only when the phagedenic ulcer began to eat away the glans and an eruption appeared on the body did the specialist barber and his wise patient become alarmed, with the result that the latter decided to consult a "real" doctor.

Investigation and inquiries disclosed the curious fact that treatment of venereal disease by the barbers was a widespread and well established custom on the lower east side, and that many barbers made more money from this specialty than from their regular trade. The barber diagnoses the cases and administers the medicines himself. The patients find it very convenient; seldom having the necessary privacy at home, and wishing to avoid any telltale bottles and syringes, they visit the barber twice or three times a day, who takes them to the back room and administers the injection. Of course, he uses the same syringe for all patients.

Of the folly and terrible danger of subjecting one's self to the hand of ignorant barbers it is superfluous to speak. There is, however, another side to this question which demands discussion, and even interference. The barber in treating venereal patients in his back room not only endangers *their* health and life, but the health and life of all his innocent customers. Imagine a barber administering an injection to a patient with a gonorrheal purulent discharge, or handling a chancre, then wiping his hands on a towel and going directly to rub a lather on a customer's face. The danger of gonorrheal ophthalmia or extragenital chancre is not remote or problematic. It is near enough to demand active interference against this latest species of rascality.

## A LITTLE MYSTERY EXPLAINED.

The following notice appeared in the so-called *American Medical Journalist* and in every journal in which the Lawrence-O'Gorman preparations are advertised:

EVERY LITTLE BIT HELPS.—"One of the spiciest little journals that comes to the Secretary is the *American Medical Journalist.* It contains many very readable articles, and its last issue seems to be chiefly directed against the various transactions of the American Medical Association, especially against the *Journal.* We rather think that there is a great deal of truth in what it has to say and advise all who wish to know both sides of the question to read it. It is published by D. A. O'Gorman, of New York."—From the *Journal of the South Carolina Medical Association* (published under the direction of the Publication Committee of the South Carolina Medical Association), Charleston, S. C., September 21, 1905.

We were rather surprised to see a State organ giving encouragement to the worst enemy of ethical medicine and of the American Medical Association and we wrote to the Editor asking for an explanation. We received the following letter which completely and fully exonerates the editor. Legally a man may be held responsible for the acts of his agent, *but not morally.* You may give the most explicit instructions; unforseen circumstances will present themselves and your agent with the very best of intentions will commit a dangerous or humiliating blunder. As to the associate editor, let us be charitable with him and let us hope that he will know better in the future. The letter follows and needs no further comment.

Editor CRITIC AND GUIDE:

I appreciate your letter very much. No, *I do not believe* that a State Journal should give encouragement to such publications as the *American Medical Journalist,* and it has been my policy to fight the nostrum evil, which was one of the objects of my suggesting a State Journal to our association last spring. The slip was published during my absence on my summer vacation, and it has been a source of the greatest mortification to me. There is a Latin saying, I believe, which runs "facit per alium facit per se" (I believe that is correct), and I realize that what was done by the associate editor was done by me, and that I must accept all the just censure and criticism which I am receiving. Nevertheless it does not represent my position nor that of our Journal. In the December issue, which will appear next week, my attitude in this matter will be explained and I shall send you a copy. If you will give publicity to our statement it will be appreciated—couple with it as severe a criticism as you think just, but temper justice with mercy. In the meantime I take the liberty of sending you my presidential address in which my own personal position is defined. Yours very truly, Robert Wilson, Jr., Charleston, S. C. (Editor Journal of the South Carolina Medical Association).

## THE BRUTAL GAME OF FOOTBALL.

I am extremely gratified to learn that the brutal, demoralizing and mentally degenerating game of football has at last been abolished by Columbia University. How intellectual people could tolerate a game, the chief elements of which are brute force, cheating, trickery and—profit, is something I could never understand. In speaking of the action of the Columbia faculty, Prof. Lord said:

"The reasons for this action need no explanation. They must be evident to the minds of every one acquainted with the game as it is now played. Only by such radical action can university and college life be rid of an obsession, which, it is believed, has become as hindersome to the great mass of students as it has proved itself harmful to academic standing, and dangerous to human life."

What I should like to ask is this: If "the reasons for this action need no explanation," if "they must be evident to the minds of everyone," then why was not football abolished long ago? Have the reasons become evident all of a sudden? Wasn't football just as brutal five or ten or fifteen years ago as it is to-day? But let that pass. The wheels of progress move slowly; let us be thankful that they move at all.

Let us hope that other universities will follow Columbia's *valiant* example.

## THE REASON WHY.

The reason the fakirs concentrate all their hatred, all their fury against the Editor of the CRITIC AND GUIDE is because, for some reason or other, they hold him responsible for the genesis of the Council on Pharmacy and Chemistry of the American Medical Association, which is a thorn in their flesh. But worse than this—utterly without any shred of evidence or reason they hold the belief and spread the rumor that the Council is dominated by the Editor of the C. & G. Nothing could be more untrue—but our friends the enemies are not particular in their methods of warfare.

## OUR TABOO ON LIGHT AND AIR.

When we returned from Europe we started to look about for a new house. We saw numerous houses—good, bad and indifferent. We saw some very expensive houses. But tho the houses differed in many particulars—in size, number of rooms, finish, etc.—they all presented this similarity. In all, the windows were carefully closed and the shades drawn. The richest parlors presented a gloomy look and the air felt stuffy. The tapestries on the walls and the carpets on the floor were magnificent, but also magnificent breeding places for germs. For the

greatest germicides and antiseptics—light and sunlight—are at command, and these I use. The varnish on the furniture might crack the lenses of a telescope might rust and so the sunlight and fresh air are not. Wonder that so many of our women have such good health. Draw up your shades and open your windows and doors!

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## THE DRUGGISTS AND THE MEDICAL SOCIETY

[illegible] called [illegible] Board [illegible] sets a [illegible] who [illegible] a box [illegible] the [illegible] it."

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[illegible] for them and [illegible] the CRITIC AND [illegible] moral dwarfs.

[illegible] would like the [illegible] little of our [illegible] antagonism. [illegible] of Common- [illegible] thing we pray [illegible] emplace, from [illegible]

# Original and Selected Papers.

## THE TREATEMENT OF SEXUAL WEAKNESS AND OTHER SEXUAL DISORDERS IN MAN.

*Introduction.*

It is a trite and overtrite statement that no department of medicine has been so neglected by the physician as the treatment of the disorders enumerated in the title. And it is perfectly true that this neglect by the profession is responsible for the luxurious growth of the quack and charlatan. And it is further true that the average physician is incompetent to treat sexual disorders—not because their treatment is so difficult, but solely because he has disregarded it, neglected it. Ask the ordinary physician his treatment for prostatorrhea, spermatorrhea, atonic or irritable impotence, premature ejaculation—and his answer will in most cases be a blank. At the same time those are genuine disorders, the people afflicted with them suffer more than they do if they were afflicted with dyspepsia, coryza, bronchitis or eczema; great misery is inflicted on innocent people and households are made unhappy and disrupted. Nothing affecting the human organism should be foreign to the physician, and it is time that the stupid mantle of prudery which has made of sexual diseases a *noli me tangere*, should be torn off and that the physician should attempt to acquire competence in treating those diseases. We never like to touch upon the financial part of medicine—we believe that the practice of medicine should be considered from a higher point of view—but we cannot help remarking that even from a money point of view alone the treatment of sexual disorders should appeal to the physician. His profession is being too much encroached upon by the numerous faddists and fakirs and he cannot afford to deliberately permit an important part of his practice to slide out of his hands into the hands of quacks.

The writer has made a special study of the subject during many, many years and believes that a series of articles from his pen, written in plain language, would be of great benefit to the general practitioner. In fact, he has been told so a number of times, and has been reproved for not living up to the promise made in an early issue of the CRITIC AND GUIDE. Pressure of other work made it impossible for us to attend to the matter ere this. We shall not disappoint our readers any more.

The first article of the series will appear in the February issue.

Written for the Critic and Guide.]

## LETTERS OF A MEDICAL STUDENT.

by Victor, Studiosus Medicinæ.

### II.

MY ADORABLE DORA:—It is unfortunate for a medical student to be in love. This belief has been forced upon me so many times that I could prove it in as scientific a manner as Avogadro proved that equal volumes of all gases at the same temperature and pressure contain equal numbers of molecules.

Let me give you an example. The other day in the Physiological Laboratory, we were discussing the subject of blood. I grew weary of the theme, my mind wandered, and I began to think of —you. As I did so, my heart rose and I grew warm, for was not the fire of love burning within me? Suddenly, all at once, in a flash, without any warning, I heard my name called, and I was asked to answer the question: What is the normal temperature of the human blood? I began to think very hard, and feeling myself hot, but forgetting the cause, I answered that the normal temperature of the human blood was 380 degrees C. The tutor looked surprised—in a sort of casual way. "What hot stuff we would be if that were true!" he exclaimed. This chilled me so that I volunteered the information that the temperature of our blood was zero and sometimes below zero. "Well," said the instructor, "since you are so fond of zeros, I guess I'll give you one," and he made a big round mark opposite my name.

I do not wish to distress you with my terrible troubles, but you may be interested to know that this incident caused my spirits to sink so low, that the oxygen which I was breathing turned into liquid air. Our chemistry professor had previously informed us that liquid air was a blue fluid. That's right. I was blue.

Allow me to report another sad case, proving that the medical student who allows Cupid a lodging in his heart is just a plain donkey. During the last anatomy examination, I happened to think in a sort of casual way of those sweet love songs of Anacreon which you used to sing to me, and the inevitable result was that I mixed anatomy and Anacreon in a most monstrous manner. When my paper was returned to me I found that I had answered one question, thus:

About its center is a large orifice, the meatus auditorius internus, whose chains of beauties may be found, chains by which my heart is bound. Its margins are smooth and rounded, and it leads into a short canal about the pure Athenian maids, sporting in their olive shades; as thou shalt own with all thy heart, it still can send a thrilling dart. The upper has a larger opening, the aqueductus Fallopii, for the passage of some airy nymph with graceful bound, keeping measure to the music's sound. Behind the meatus auditorius is a small slit, almost hidden by a thin plate of bone, leading to a canal which transmits buds of roses,

virgin flowers, culled from Cupid's balmy bowers. In the interval between these two openings, but be thou fair, mankind adore thee, smile and a world is weak before thee. The angular depression lodges a process of O that a mirror's form were mine, that I might catch that smile divine, into the cancellous tissue of the bone. (I received a zero for this, too. Ah Dora! Dora! you will be the ruin of me.)

In your last letter, which was really lovely, you chide me in a kind of quizzical manner, because I have not written you any poetry lately. What the deuce! Come, come, please don't be silly! Medicine and the Muses! a poor plugger penning poems! Why, girl, you might as well ask——. No, wait, I think you're right, after all. Yes, you're right. Forgive my unwarranted wrath which was unavoidable. You're right. You're always right. Since the marvellous Mark deigns to inform us that promoted shoemakers and apprentice apothecaries write the dramatic critiques, and gentlemen who do not know the difference between a warwhoop and a wigwam criticize the Indian campaigns, and folks who will never draw a sober breath until they do it in their graves lead the temperance appeals and clamor about the flowing bowl, I suppose it is the most appropriate thing in the world for an agonized and anatomized student to warble love lyrics to his lady love.

All right, I will write poetry to you, but you must bear in mind, that being burdened with an immense amount of knowledge (don't let the professors see this) I can hardly rise on the free wings of fairy fancy, and soar into that enchanted realm where the magic Muse with the wand of wonder arouses in her worshippers the sense of perfect poesy. Weep, my darling, for I am an outcast from Arcady; from Elysium I am barred out; the nymphs of the hills no longer dance with me, and Orpheus hushes his music when I draw near. I who was once so passionately fond of Beauty, that my lips quivered with joy, and my eyes filled with the tears of a sublime happiness at the whisper of her glorious name—this same I am now doomed to toil every day among dissected corpses which, well—do not smell very well. But I think I promised to write poetry to you, so here is an affectionate little acrostic on your name. I do hope you'll like it:

Dear girl, it's time for me to cram
Outrageously for an exam.;
Re-read and plug, until I'm drunk,
And even then, I guess I'll flunk.

Here is some more poetry which I have just dashed off in a sort of casual way. I call it "The Boy With the Bone," and it reminds me in a sort of casual way of Markham's "The Man With the Hoe," the chief difference being that mine is the sadder and sterner of the two. Markham ended his version with a threat. I close mine with a tear. I do hope you'll like it:

THE BOY WITH A BONE.*

Cowed by the threats of Professors he looks
Upon the skull and dreams about the quizz,
The weariness of cramming in his phiz,
And on his head, the burden of the bones.
Who whitened and frightened this trembling thing,
What was the book that wrinkled up this brow,
Who gave the mark that caused his heart to ache,
Who made him flunk in blood and beastly bones,
A shade that plugs much, and that never plays,
Sighing and stunned, a brother to the grind?
Is this the thing that papa made and wished
To send to study in the college course,
To get good marks and earn the title of M.D.?
Is this the dream Pa dreamed when to his boy
He pictured the glories of the doctors great?
What gulfs between him and his former self!
Serf of the rules of text-books, what to him
Are Pleasure and the smiles of Paramours?
What the fierce yearning for a holiday,
A sleep by night and idleness for a day?
For constantly the studious student toils;
The microscope has made these squinting eyes,
And this mad moan anatomy has caused,
And scholars when they cut up stiffs,
Cry protest to the teachers of the school,
A protest that is also farcical.
O tutors and professors in all schools,
Is this the kind of work you give to him,
This headache boy, round-shouldered and pale-cheeked?
How will you ever straighten up this shape;
Give back the joyful whistle and the laugh?
Behold in it the frolic and the fun,
Enrich it again with merriness and mirth?
Make right those examination infamies,
Laboratory tests and frowning failure points?
O tutors and professors in all schools,
How will the future reckon with this boy,
How long will the holidays and vacations last?
Will titles and diplomas glad his eye?
How will it be with quizzes and the quizzed,
With all his plans and his crams and exams,
When this poor student shall receive his mark,
After the study of the sleepless nights?

If you think my former poetry, in which I divinely, yet delicately, described your eyebrow, and wrote with so much enthusiasm of the sweeping way in which you swished your skirts

*The delightful humor of this production can only be appreciated by those who are familiar with Markham's famous poem. The rhythm is preserved thruout.—Editor.

was superior to the mournful ode above, you must bear in mind that I am not a literary lad now, and am not expected to weave a wreath of words from the flowers of fancy, or to clothe my thoughts in the beauteous garments of gracious art, or to create a chain of harmony from the links of language. I am expected only to know what happens to one chemical when you add another to it, what this law means, and what value that one has, what is attached to this bone, and what that nerve supplies, what bacteria cause one thing, and what cause another, and why we must remember this and why we should never forget that.

I do not think I will ever write poetry again, but in case you should want some more, here is a quatrain, which I have dashed off casually. I do hope you'll like it:

And when I'm thru with quizzes O,
So rollicky will I be,
For I don't know, my quizzes O,
And quizzes don't know me.

It is a positive pleasure to write to you, but I think I better stop now, otherwise writer's cramp will haunt and daunt,

Your affectionate

A. NATOMY.

P. S.—I guess I'll risk the cramp a moment to say that in that last letter of yours, which I enjoyed very much, because it was really lovely, you urge me to recommend an anti-fat remedy for your barking poodle. You ought to bear in mind, my dear, that I am not exactly a Doctor just as yet, and so have no right to recommend anything (except patience), but in order to oblige the best girl in the world, I will say that I have recently been reading "The Transactions of the Antiseptic Club," as reported by one Albert Abrams, and among their outlandish actions, I find the report of a famous fat-reducing agent. One physician in testifying to the magnisonant merits of this anti-fat remedy, actually admitted that he once administered it to one of his patients, who was in jail and three days later the man escaped thru the waste-pipe. Adios.

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## THE PROPHYLAXIS OF VENEREAL DISEASES BY THE MUSSULMAN RELIGION.

By Dr. Portucalis. Constantinople.

*The Mahometan Religion Founded on Hygienic Principles.*

I.—ABSOLUTE CLEANLINESS OF THE BODY.

Every Mussulman is obliged to make ablutions, to bathe five times each day, in order to be able to say his prayers. The proper way for making ablution consists in washing the mouth, hands, arms, feet, legs—in fact, the whole body—using soap. These baths are at fixed times. One must bathe:

1.—Before sunrise, at early dawn. 2.—Before and after eating—that is to say, at noon. 3.—In the afternoon. 4.—At sunset. 5.—On retiring at night. After each of these five ablutions the Mahometan says his prayers to God.

The Mahometan law ordains that he must wash and become clean after contact with the least uncleanly thing. By ablution, that is at the same time massage and bath, when the body is clean and supple one has the right to present himself to God in prayer. The Mussulman prayer differs greatly from that of the Christian by its prostrate attitude, that brings the whole body into movement because it must alternately lower itself to earth, then rise and bend the body, the trunk, raise the hands, turn the head from right to left and make several other rhythmic movements well calculated for corporal exercise, and that serve to prevent several well-known maladies of the stomach, intestine and thorax, sciatica and various neurasthenias. Longevity among Mahometans is enormous owing to these prayer exercises so often taken in daily repetition. Christians and Europeans, seeing the salutary effects of this mode of prayer, have copied it and made the Swedish system of gymnastics therefrom. A very pompous name, this of the Swedish movement cure, but nevertheless a faithful copy of the prayer form of the Mussulman religion.

II.—THE CLEANLINESS OF CLOTHING AND SANITATIONS.

Except the European clothing that the Mahometans wear in cities, the Mussulman habiliment must be made from textures that can be washed at any moment. The Mahometan clothing must be large, loose, without the power to prevent the least movement. The true Mussulman never wears a coat, shoe or hat that is narrow or tight. The Mussulman looks at his clothing from a hygienic standpoint, and makes it absolutely obey the form and movement of the body. Unlike the Christian European, he does not make his body obey the form of his clothing. This is the reason that the Mahometan never wears a hard belt of whalebone or of a hat that gives a form prepared beforehand, but the soft [illegible] the wearing of such hats even [illegible] among Christians. By their suppression [illegible] baldness, cerebral congestions and various headaches that usually torment

the wearers. The oppression wrought by such European hats is so clear and plain that the wearer of such a hat has only one care, i. e., to reach some place where he can take the torment off and secure a rest, while the innocent and light, very healthful fez or red bonnet of the Turk is completely exempt from all the inconveniences, while its wearers carry it on their heads with a feeling of true veneration.

The European custom and habit of removing the hat in token of salutation is deemed oppressive by the true Mussulman, and is offensive to them; it is an insult to take off one's hat in salutation, because it is annoying to the wearer. The same may be said for the Mahometan's shoes. A Mussulman never has such a thing as corns on his feet; this curse of civilization is unknown to the Turk, and he deems Christians fools for putting large feet into small shoes. The Turk always carries two pairs of shoes, and a Mussulman is never permitted to enter a house, even his own, European fashion, with his shoes soiled and filthy from walking in the public streets. The Europeans have of late years seen the utility of Turkish methods and the necessity of copying, so have made rubber overshoes. The Mussulman, once he enters his house, removes his overshoes. Not only does he do this, but he also immediately changes his clothes at the street door, putting on a species of robe, that is so light and loose that he can walk or recline in it or sit upon his divan. With all the muscles of the body in perfect repose, he does not submit to the atrocious tyranny that Christians do, even in their own homes, for he wears no clothing that oppresses and makes one feel uncomfortable.

Poor Christians, with heavy and hard stovepipe hats, narrow and tight neck collars, clothing that prevents many muscular movements, pinching shoes that when blackened or varnished prevent transpiration from the feet and give out unsupportable odors!

A Mussulman's house is large, vast, spacious, with many rooms and often a garden. These rooms are kept absolutely clean; they are washed and rubbed over each morning. The screens, blinds and everything are washed and brushed every week, while every one carries the clothing from the interior to air it outside, so that the furniture will not be soiled. Beds, mattresses, quilts and pillows are proverbially kept clean; it is only necessary to see them to know this fact. As to the European water closets, with their sitting posture, they are a common place for the propagation of venereal maladies; in fact, all diseases are easily communicated by such a system.

### III.—MARRIAGE IMMEDIATELY AFTER THE ADULT AGE.

The Mahometan religion ordains marriage immediately after adult age for both sexes; this is why you see among young people, true dolls, married, young mothers, who are grandmothers

at thirty to thirty-five years. In Anatolia the native Christians copy largely Mahometan customs, and there you will meet girls married at from twelve to fifteen years of age. In Anatolia, too, there are yet cradle marriages—that is to say, the parents, relatives and friends make betrothals while their children are still in cradles and a few months old, and when their adult age arrives these same children are duly married. The general Mussulman life encourages family life, and the pleasure of home is in having the young around you and seeing only those of your own family; thus marrying early is far from the experience of pleasures outside. As in all other things in home pleasures, when people are used to home circle amusements they have no taste for outside pleasures. The customs of the Orient furnish plenty of amusements for households; they are not lovers of theatres or saloons.

IV.—THE EPILATION OF HAIR FROM ALL PUBIC REGIONS.

The Mahometan religion only permits hair on the face and the head, and advises that this should be kept neatly trimmed and short. The hair should never be long enough to be held in the hand; the mustache should be trimmed at the level of the upper lip, so that it is never soiled by soups or meats. The beard should be trimmed short, only long enough to curl around the wrist. As to its form, the beard should always preserve the form of its figure, and never be worn in the pointed or odd European fashion.

Woman's hair should always be put up and hidden, and generally, for cleanliness' sake, be tinted by kino and other washes. Other regions of the body must be carefully shaved and deprived of all hair. Among men the axillæ, the genito-urinary, testicular and anal regions are all epilated, while all hairs are also kept out of the ears and nose.

The Mahometan's nails must also be kept clean and trimmed short, so that no impurities may linger under them.

For the epilation of the private parts there are thousands of pastes, more or less aromatic, that are in vogue, employed in all harems and in baths. The razor is usually in the bath-room, and bath-house men always are provided with the same.

V.—ABLUTION IMMEDIATELY AFTER COITION.

Mahometans, men and women, are obliged to wash immediately after the genesic act. The Mussulman religion does not tolerate resting after coition until all soiling is removed by soap and water. This ablution must be in abundant water. No matter whether at day or night, all portions of the body must be cleansed and washed before retiring or dressing, and all underclothing must be changed after the conjugal act. For this reason the houses of the wealthy faithful are well supplied with Turkish baths; the humbler classes all have their little room (*koussoul-kana*) adjoining their bed chamber, so that they may immediately rise, wash and change their clothing.

VI.—THE NEXT DAY'S HOT BATH.

The Mahometans are not content with ablution after the genesic act, but are obliged to go immediately the following morning into one of the hot baths of their quarter, that, after fountains and mosques, are the most frequent buildings in all Mahometan countries. Every Mussulman quarter is provided with such baths of pure hot water, all always open at every hour, at the disposition of every comer; there massages are made, there all leeching and bleeding have been performed, following the custom from remote generations. Women go to these baths in the afternoon. Christians living in Mahometan countries feel the necessity of such baths, and little by little adopt the Mussulman custom.

VII.—BUCCAL, GENITAL AND ANAL ABLUTION IMMEDIATELY AFTER THEIR FUNCTIONING.

No Mahometan ever enters a privy without being provided with plenty of water beforehand. Once the act is accomplished the parts of the body used are washed and carefully dried before the Mussulman takes his departure. A Mahometan never uses, either after the genesic or defecation function, either cloths or paper. The glans must be washed and well dried after each act of urination, and not a single drop of urine is allowed to soil the shirt or to drip from the end of the urinary meatus. Otherwise the shirt is deemed unclean and must be immediately replaced by a clean garment. The Mahometan law ordains that when water cannot be procured for this purpose they must restrain their desire; even in the desert, when forced by nature, they must dry the parts with clean sand.

A Mussulman must not pray when he is unclean, like the Christian. This is the reason great Mahometan charities consist in furnishing all public places and mosques with fountains and baths, so as to encourage the faithful and give opportunities for prayer. All monarchs and sultans have ornamented cities and towns with such monuments. Every Mahometan uses from ten to thirty times more water than the Christian. This comparison may seem exaggerated, but the average Christian only uses water for his face and hands in the morning, together with what he drinks. In Europe they do not even drink much water, and the European will not average a good bath once a month, while every act of the Mussulman demands water, and water in abundance, too. *The Mahometan religion strictly forbids alcoholic drinks; the Mussulman drinks only water.*

It is for the holy cause and by virtue of the public hygiene that when one enters an Oriental city the best public monuments are the mosques provided with fountains and the zibil. Among the fountains on public places there are many that are true masterpieces of Arabic architecture, and make the European tourist utter cries of admiration. Where is the foreign traveler who,

on entering Constantinople, has not noted from afar off these mosques with their magnificent minarets, that are the symbols of grandeur and veneration? Who among you has not been envious to enter these mosques—Yeni Djami, opposite the bridge; Saint Sophia, by the side of the old seraglio of Bysance; Sulimanie Fatch, below the Golden Horn and Eyoub, and the hundred other mosques that adorn the great city of Constantinople? Abundance of water flows from hundreds of faucets in the courts of all these mosques, that each believer opens wide and uses at pleasure according to his wants—an abundant water supply from earliest dawn until midnight. A Mussulman *will never sell another Mussulman water;* he would consider such a sale a crime.

Who has travelled in the Orient but has stopped to admire the public fountains that abound in Stamboul? Some of these are inimitable *chefs d'oeuvre*—like the fountain of Hamidie, Turbessi, near the railroad station of the Oriental Express at Siskedji; like the fountain of Sultan Mehmid, at the western side of Saint Sophia, near the gate of Triumph of the old seraglio of Bysance; like the fountain of Valde Djamissi at Ak Serai, of which the reliefs, in real pure gold, have been the admiration of all tourists and have so often been copied into European illustrated reviews.

As for buccal ablution, the mouth is washed several times a day, and no one ever saw a true Mussulman who failed to use his toothbrush frequently.

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## SOME OF FALLACIES OF THE CLINICAL DIAGNOSIS OF GONORRHEA.

By G. Frank Lydston, M.D. [Am. Jour. Surg.]

The discovery of the gonococcus was heralded as the solution of most of the problems in the etiology and pathology of gonorrhea. Its acceptance as an arbitrary diagnostic resource was especially gratifying to practitioners for whom a cut-and-dried bacteriologic diagnosis has a peculiar and by no means unnatural fascination. With the lapse of time, however, many clinical problems have returned to very nearly the same plane of confusion that existed prior to the discovery of the microörganisms of gonorrhea. Most practitioners, however, expect even now so much of the microscope in the clinical study of gonorrhea that I sometimes question whether the discovery of the microörganism has been an unmixed blessing.

I shall first consider the possibility of excluding infectiousness in the case of a woman under suspicion, or who is known to have had gonorrhea. That the most dangerous type of infection of the female is that in which the external manifestations of the disease are absent, is coming to be well understood by both gynecologic and genito-urinary specialists. The explanation of the

relatively great danger of infection of others by such subjects is not as thoroly understood as it should be.

Gonorrheal urethritis in the female, when it has assumed the chronic form, may present no secretion whatever upon external examination. There may be little or no vaginal, cervical or uterine discharge, and even such as there is may upon examination fail to disclose the microörganism of gonorrhea. Stripping the urethra may reveal no secretion worth mentioning, too little, in fact, for examination. A swab or probe passed into the urethra may return perfectly clean. Notwithstanding this apparent lack of infection in the urethra, the mucous glands may be involved, and under the influence of sexual excitement and the mechanical effect of coitus the physiologic hypersecretion may convey to the meatus gonococci in abundance. The result is sufficiently obvious.

The glands of Bartholin may be infected by gonorrhea without any consequent inflammation sufficient to attract attention. Examination of the vulvar, vaginal, cervical and uterine secretions may fail to reveal gonococci, but during the hypersecretion incidental to the conditions already described the secretion of these glands may appear, loaded with gonococci, upon the surface of the mucous membrane of the genitalia.

What has been said of the glands of Bartholin and of the urethra, in the female, applies with especial force to the secretions of the uterine mucous membrane. Bacteriologic examination of the uterocervical secretions may show absolutely nothing, yet under the influence of sexual excitement and the mechanical effects of coitus, the previously normal secretions may appear in the vagina, loaded with gonococci.

The foregoing clinical facts, alone, in my opinion, make it absolutely impossible for the physician to state in any given case that the woman is free from infection. This is one of the strongest arguments against regulation and medical inspection of prostitutes. I entertain serious objections to the medical profession constituting itself an assurance society for the protection and promulgation of the social evil, but aside from this scruple, there remains the fact that no reliable system of inspection or examination can be devised.

The relatively greater activity of the gonococcus in the female at the period of menstruation should be given very thoughtful consideration. I shall relate a case which bears upon this as well as upon the difficulty of making a diagnosis in certain cases in the male. A married man consulted me after a suspicious exposure, relative to the probability, first, of the infection of his own person, and, second, of his having infected his wife. I examined the man three days after the suspicious exposure. There was no secretion that could be obtained for examination. I inserted a glass rod into the urethra, and endeavored to expose, by

massage of the anterior portion of the canal, a quantity of secretion upon the rod sufficient for examination. I succeeded in getting a small amount of moisture, the examination of which failed to reveal gonococci. I cautioned the patient against submitting his wife to further exposure, but declined to give any positive opinion as to the infection of either his wife or himself. Three days later he developed typical gonorrhea, with the usual microscopic findings. The wife remained apparently well. Three weeks later, however, when her menstruation began, she developed typical salpingitis and pelvic peritonitis, which ran the usual course of favorable cases of the kind. The woman had been previously well, which is of itself important. Examination of her secretions later on showed gonococci in this instance, but the microörganisms disappeared from the secretions long before the patient was entirely well of her pelvic difficulty. This case is in most of its details precisely similar to many others that have come under my observation.

One of the most important conditions that occur in gonorrhea, so far as the diagnosis of infectiousness and possible danger to others is concerned, is urethral folliculitis. The gonococcal and mixed infection of gonorrhea is often sealed up in one or more inflamed follicles in the urethra, there to remain until some unusual mechanical force is brought to bear upon the focus of infection. The patient may have been apparently well for some months. The beer, and nitrate of silver tests, and the microscopic examination of the resultant discharge, may have shown the patient to be apparently well; possibly the irritant injection and ingestion of beer have developed no discharge whatever. During coitus, however, the follicle discharges, the individual not only infects a perhaps innocent person, but reinfects himself. When a dogmatic opinion has been given the individual by a physician, the deplorable results of a mistake of this kind are only too obvious. Not the least of the unfortunate results is the suspicion that may arise in the mind of the individual that he is suffering from reinfection of gonorrhea by a perfectly innocent person. The unfortunate feature of the condition I am describing is that in a certain proportion of the cases it is impossible to guard against such lamentable mistakes, except by insisting on the time element in the management of the case, and by refusing in any instance to give a dogmatic opinion as to the existence of infection.

Fistulæ, whether or not produced by folliculitis, or periurethral phlegmon occurring in the course of gonorrhea, are especially dangerous. The same is true of urethral fistulæ existing prior to the contraction of the gonorrhea. These fistulæ afford an excellent nidus for the harboring and development of gonococci, and should always be reckoned with in the matter of prognosis. I have at the present time under my observation a man and a woman whose cases especially emphasize the importance of this

point. The man contracted a gonorrheal urethritis. Following it he had a folliculitis beside the frenum, which went on to suppuration. After he was apparently well of the urethritis for some weeks, a physician informed him after examination of the urethral discharge microscopically, that there was absolutely no danger of his infecting his wife. There still existed a small blind fistula at the site of the folliculitis beside the frenum. From this source of infection, the discharge of which was not examined microscopically by the patient's physician, the patient unfortunately infected his wife. She developed a severe urethritis and cystitis, followed by serious pelvic inflammation. If the woman finally recovers without the necessity of surgical intervention, she will be very fortunate.

A frequent source of fallacy in the diagnosis of gonorrhea from the standpoint of danger of infection of other individuals by a given subject, is infection of Cowper's glands. Acute or even subacute Cowperitis, while it gives rise to fairly definite symptoms, is more often overlooked than is generally supposed. If severe swelling and pain in the perineum, with coincident constitutional symptoms, are absent, a moderate involvement of Cowper's glands is more likely than not to escape observation. Many of the cases in which discomfort and tenderness in the perineum are experienced during the course of urethritis are due to an undetected Cowperitis of greater or less severity. When an abscess forms, the existence of serious trouble is bound to be recognized, whether the true nature of the condition is determined or not. Careful examination by combined perineal and rectal palpation will usually detect chronic Cowperitis, even when the enlargement of the gland is very moderate.

I have succeeded in determining the cause of a frequently recurring urethritis in a number of cases by careful examination in this way. In several cases the coincidence of evacuation of a distended Cowper's gland with the recurrence of the urethral discharge was too plain to be overlooked. The patients complained of a sensation of fulness, with some pain and tenderness, just in front of the anus, which they claimed was relieved when the urethral discharge came on. It will be readily understood that with the ordinary methods of examination, the presence of infectious microörganisms in one or both of Cowper's glands is often not easy to determine. There may be no urethral discharge, and even massage of the prostate and its adnexa may not expel gonococcus-bearing secretions. It is probable that even where the duct of the gland is not occluded temporarily, or permanently, the microörganisms will not necessarily appear in the test discharge. They may or may not appear in the semen at periods of physiologic sexual activity.

What has been said of the relation of folliculitis and Cowperitis to fallacies in the diagnosis of gonorrhea, bears with especial

pertinency upon gonorrheal prostatitis. The gonococcus is very frequently imprisoned in various ramifications of the ducts and follicles of the prostate, only to appear in the expressed secretions under massage, or in the ejaculated semen. The sealing up of ducts leading from infected follicles in the prostate is, in my opinion, of very frequent occurrence. The evacuation of these collections of infectious material, with their imprisoned gonococci, explains quite a proportion of the cases of auto-infection in the male, and of infection of the female when the male is apparently perfectly healthy.

The important point for consideration in deciding the question of the infectiousness of a given individual is the fact that, independently of the microörganism which is the essential factor in the etiology of the disease, the clinical picture presented to us is one of mixed infection. The absence of gonococci in a given pathologic secretion is by no means proof that that secretion has no pathogenic properties when inoculated upon a healthy individual, nor indeed that it may not possibly set up serious pathologic conditions in the individual under consideration, be the subject male or female. This independently of the possible or probable existence of a latent gonococcal infection somewhere in the sexual or urinary tract, which may at any time afford a specific pathologic admixture with the visible non-specific pathologic secretion.

As a result of the general acceptance of the presence or absence of the gonococcus in a given discharge as an infallible test of the infectiveness of the individual much injustice has been done. This injustice has operated in two ways: First, by giving a clean bill of health to infected individuals in whose secretions no gonococci are found; and, second, by claiming infectiveness on the part of individuals in whom germs which are apparently gonococci are found, the germs nonetheless having lost their pathogenic properties. So long as germs are found which are indistinguishable from the gonococcus, the danger of condemning to celibacy individuals who are no longer infectious must necessarily exist. If we ever discover an absolutely reliable method of test—by animal inoculation or by culture—[We *are* able to cultivate the gonococcus, and the culture test should be conclusive. —Editor CRITIC AND GUIDE] of a suspected secretion or microorganism, the clinical problems presented in the diagnosis and prognosis of gonorrhea will be greatly simplified.

The discovery in the seminal secretion of microörganisms that are apparently typical gonococci is accepted as absolute proof of the infectiveness of the individual, no matter how long a time may have elapsed since the original gonorrheal infection. I freely admit that it is a very difficult matter to decide as to whether a given microörganism, apparently the gonococcus, has lost or still retains its specific pathogenic properties, but I am not prepared

to accept the view that the individual who some years after the development of a deep-seated gonorrhea has microörganisms which cannot be differentiated from the gonococcus, is necessarily still infectious. Believing as I do that the gonococcus is an evolutionary product of some, as yet undetermined, microörganism of non-pathogenic properties, I must accept involution as a part of its biology.

It would hardly be logical to deny that gonorrhea, like other infections, consists essentially in a battle of the germ with a tissue cell or cells. That the natural tendency of the disease is to spontaneous cure is a corollary of the proposition that the principles of evolution govern the life-history of the gonococcus, just as they do the life-history of other microörganisms, pathogenic or non-pathogenic. It is incomprehensible to me that actively virulent microörganisms can remain in the seminal vesicles and be discharged with the secretions from time to time, as in the performance of the sexual function, and yet the individual remain free from acute or subacute exacerbations of the disease. Is the individual immune to the gonococci contained in his own physiological secretions? If so, why is he not immune to heterogeneous infection, which, in my experience, he is not? I have met with many cases of individuals whose semen and expressed prostatic secretion contained for some years apparently typical gonococci, who contracted fresh attacks of gonorrhea from heterogeneous sources.

The problems involved in the study of latent gonorrheal infection must be solved, if they are ever solved at all, by the combined efforts of conscientious clinical and laboratory workers. At the present time the laboratory worker is given undue prominence, and is inclined to assume an attitude which is entirely too arbitrary, in the face of the admitted clinical confusion in the study of gonorrhea.

In closing, I shall relate a case bearing upon the question whether injustice is not often done patients whose secretions contain what are apparently typical gonococci. One of my own patients, who had contracted gonorrhea six years before consulting me, had been pronounced infectious by seven admittedly competent bacteriologists, their opinion being based upon the presence of typical gonococci in the seminal secretion. There was chronic inflammation of the prostate and vesical neck, which, however, was not severe, and only mildly annoying. There had been no discharge from the urethra for several years. The patient was desirous of marrying, and consulted me with reference to the degree of danger to himself and his prospective wife which he was likely to incur by so doing. Careful examination by myself and several bacteriologists showed an abundance of what were apparently typical gonococci. Giving the time element due consideration, and recalling many similar clinical experiences, I was

rather skeptical as to the pathogenic properties of the micro-organisms that were found. Culture and inoculation tests on the eye of the guinea-pig and the peritoneum of the rabbit, gave a negative result. I will state in passing, that I am by no means claiming infallibility or even a great degree of reliability for this test. On the contrary, I am very skeptical in regard to it. I simply state the clinical fact. In performing the inoculation I was merely giving the patient the benefit of such resources as science had to offer. The beer test and the urethral injection of nitrate of silver produced no inflammatory reaction or discharge. Encouraged by this fact, the patient went on a prolonged debauch, with all of its attendant "trimmings," as he expressed it, sexual and otherwise; still with an absolutely negative result. I explained to him carefully the fact that I had no means of proving the truth of my position, but that I was as firmly convinced as I could be without absolute proof, that it was safe for him to marry, but at the same time told him that the responsibility must necessarily rest upon his own shoulders, and that I did not feel justified in advising matrimony in the face of all the authorities upon the subject. He married a short time afterward. He has never had any symptoms of gonorrhea other than the old prostatic irritation which troubles him from time to time. His wife is and has been perfectly well; she has had a child, and while, if I am correctly informed, no precautions were taken against ophthalmia, the infant has shown no infection.

In conclusion, I would state it as my belief that an arbitrary opinion is absolutely unjustifiable in a large proportion of cases. If my premises are correct, the physician should be as chary of assuming responsibility in advising a gonorrhoic in the matter of matrimony as he should be in advising syphilitics under similar circumstances.

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# Abstracts.

### A Dangerous Poison.

By A. Jacobi M. D. New York.

Use no acetanilid. I have almost despaired of the effect of my frequently repeated warning against acetanilid, the so-called antifebrin. Of all the preparations on the market, this cruel anilin poison is the worst. The western firm which disseminates that curse over the country, and that part of the profession which allows itself to be entangled in the complicity of prescribing it on its own blanks over its own names for their unsuspecting and confiding patients, stand guilty of malfeasance and malpractice. One of the greatest shocks to my feelings as a man and physician has been the discovery that our new Pharmacopeia, which should be the pharmacal gospel of both druggists and doctors, participates in the mistake of recommending it. In that Pharmacopeia, p. 3, you find acetanilid; and p. 368, pulvis acetanilidi compositus—a mixture of acetanilid, caffeine and sodium bicarbonate. You recognize the dangerous stuff. It goes by the name of headache powders or by some exotic alluring name. Your Pharmacopeia recommends doses of 0.5 gm. (7.5 gr.), more than 0.32 gm. (5 gr.) of which are acetanilid—and does not even say how many doses the victim may take without having to pay his obolus to Styx. These headache powders were those a young laboring man had taken when he presented himself in semi collapse and cyanosis a few days ago. They are those which their highest authority permits the pharmacists to sell over the counter. Altogether, I need not say, and you know, that the tendency of the new Pharmacopeia to adopt the compounds of the wholesale manufacturers and introduce them under different names, is an indignity offered to the profession and an encouragement to the nostrum trade. [From Exile and Drugs in the treatment of tuberculosis, read December 1, 1905, during the National Tuberculosis Exhibition.]

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The day may yet dawn when, as a nation, we will give the same attention to the breeding of children that we do now to the breeding of horses. If this great land, whose resources and vastness are now only commencing to be understood, is in ages yet unborn to be peopled by a hardy and vigorous race, there must be a wide dissemination among all classes of knowledge expressed so plainly that he who runs may read and understand how great and lasting are the influences of heredity. The pulpit and the press vie with each other in the exercise of their potent influence for the suppression of many known vices. How sel-

dom are these forces expended in warning the people regarding the fearful ravages wrought upon mankind by indiscriminate matrimonial alliances! How great the responsibility of the medical profession in this direction.—Bruce.

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**Strychnine in Pneumonia.**

Dr. A. A. Armstrong relates the following personal experience, which is not without instruction and interest. (N. Y. Med. Jour. Dec. 2.) He recently had a desperate attack of lobar pneumonia, and was laid up six weeks, nearly the whole of his right lung being consolidated. A peculiar feature of the case was that, tho at times near death, he realized his condition at all times. Knowing the effect of alcohol upon him, he told the doctor and trained nurse at the outset not to attempt to stimulate him with it, but to give him plenty of strychnine and coffee. It was done. The disease being a complication of grippe, the crisis was delayed until the ninth day. Tho he was getting 1-30 of a grain of strychnine every three hours, his pulse rose to 146 and was almost imperceptible at the wrist (he kept his finger on the carotid). Then a sense of impending dissolution came over him, and his heart only fluttered. He told the nurse in a whisper to give him an extra hypodermic of strychnine, which she did immediately, and the scale was turned from death to life. Alcohol would have made him worse, and had it been depended upon, he believes he should have died. In severe attacks of bronchitis in himself he has taken 1-20 of a grain of strychnine every two hours for several hours with remarkable results. He says he has no prejudice against alcohol as a medicine, but has very little faith in it.

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**Carbolated Camphor in Typhoid.**

Dr. D. E. English outlines his plan of treatment (Med. Rec. Oct. 28), in which the first step, if the patient is seen before the end of the first week, consists in the administration of from ten to twenty or even thirty grains of calomel, followed in eight hours by half an ounce of magnesium sulphate. The diet consists of Weir Mitchell's beef juice, and egg albumen water; milk and toast being avoided, as the author regards these two foods as being particularly harmful. The special medicinal treatment is by means of carbolated camphor, consisting of three parts of gum camphor to one part of crystallized carbolic acid liquefied by heat. The dose is from ten to twelve drops in capsules, at first every two hours and later less often as the fever declines the abdominal symptoms improve or cardiac depression appears. With this treatment, the author says, the course of the disease is shortened and the mortality lessened.

### Cactus Grandiflorus in Heart Disease.

In a dissertation (St. Petersburg, 1905) devoted to this subject, Dr. G. B. Allexieff reports his experience with the drug, which was tested on 20 patients, presenting a large variety of cardiac lesions. It was found that cactus grandiflorus brings about an increased blood pressure in the central as well as in the peripheral vessels. Circulation is improved by it, diuresis becomes more free, while unfavorable by-effects are entirely absent. No cumulative action has been observed. All these features make cactus a desirable substitute and alternative for digitalis and adonis vernalis. The dose of the fluid extract of cactus grandiflorus is 20 to 30 drops, repeated 3 or 4 times daily.

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### Meningitis from an Overdose of Camphor.

In the London Lancet for Nov. 18, Dr. Thomas H. Walker reports the following interesting case. A child 2½ years old was given, by mistake, a large teaspoonful of camphorated oil, instead of castor oil. The castor oil was to be administered, not because the child was ill, but as a sort of routine. The child was in good health and playing about the previous evening. When the doctor saw the child some six hours later, he found it in convulsions, unconscious, bathed in a cold sweat, and with a rapid uncountable pulse. As the child vomited repeatedly, the stomach was not washed out, but a dose of potassium bromide was injected into the rectum. This seemed to stop the convulsions, but the pulse not improving, the doctor injected a small dose of strychnine. [It's rather strange to administer strychnine in convulsions; we should have chosen another cardiac.—Ed.] The child gradually improved, but two days later it developed decided symptoms of meningitis. Three days later the case appeared to be hopeless. Prof. Thomas Oliver saw the child in consultation, confirmed the diagnosis of meningitis, agreed that the case was almost hopeless and suggested caffeine by injection. On the next morning the child was just alive, but during the day seemed to improve slightly. The child recovered gradually, but with the exception that the right arm and leg remained paralyzed.

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### Treatment of Typhoid Fever.

Dr. George D. Crews (Denver Med. Times, Nov.) gives the following outline of treatment for an average uncomplicated case of typhoid fever:

1. Thoro evacuation of bowels with small repeated doses of calomel, with an occasional small dose of a saline.

2. The continued use of the sulpho-carbolates, say five grains every four hours during course of the fever.

3. Copious and frequent drinks of water and liberal use of orange juice.

4. Cold sponging or pack when temperature is above 102.
5. Turpentine locally and rectal enemata for tympanites.
6. Very little food, preferring broths, juice of freshly cooked steak. malted milk; avoiding sweet milk and starchy food.
7. Bed room clean, well aired, quiet; bedding changed and aired daily.
8. No solid food till fever has been absent five days.

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**Circular of Information adopted by the Conference of State and Provincial Boards of Health of North America.**

**Issued by the State Board of Health of Connecticut.**

We hand you this leaflet believing that you would not willingly communicate your disease to some innocent person.

Many fail to comprehend the exceedingly disastrous results that often follow these diseases. Many cases of blindness, complete disability, and not infrequently death results from them. Gonorrhea is one of the most frequent causes of diseases peculiar to women. So serious a menace have these diseases become to the public health that the Medical Profession and Sanitarians in all countries have become alarmed, and are advocating measures for their prevention.

Syphilis (or Pox) is especially a disease from which innocent persons may suffer, as it usually produces sores in the mouth or on the lips, hence may be conveyed by kissing, drinking from the same cup, or using anything which has been put to the lips or into the mouth of one affected by the disease.

These diseases are often communicated when the patient thinks he has recovered. Hence marriages contracted at this time of the disease result in much unhappiness, and often in the death of the wife. To protect yourself and others, we earnestly advise the following in the interest of prevention of your disease.

*What to do and what not to do, to get well and to prevent giving your disease to any other person.*

Follow strictly the advice of your doctor, use no other treatment.

Remember that it takes a long time to entirely recover.

Carefully wash your hands with soap and hot water whenever you handle the private parts.

Do not have intercourse and avoid all sexual excitement until your physician says you are completely cured. Be especially careful not to rub your eyes with our fingers.

Do not allow any person to use any cup, glass, spoon, fork, or anything that you have put in your mouth.

Do not kiss anyone or wipe the face of a child with a handkerchief you have used. Always use a separate towel. Burn all cloths or cotton soiled by discharges.

# Letters to the Editor.

### A Peruna Drunkard.

Editor CRITIC AND GUIDE:

The sample copy of the CRITIC AND GUIDE for October received and read. I enclose my subscription. You are doing a great service for the medical profession in exposing the fakirs. Keep eternally at them. I was in a drug store in this city last week and the proprietor showed me sixteen (16) empty Peruna bottles, the contents of which *one* man had taken in *two weeks.* He would ask the druggist to open the bottle, and he would pour the contents into a flask and drink it as he would whiskey. That explains the presence of the empty bottles at the store. I once knew a man who would drink half a bottle of Burdock Blood Bitters at one time and would then be drunk.

WILLIAM N. WINNE, M.D.,
58 Harrison St., New Haven, Conn.

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### The N. Y. Board of Pharmacy.

Editor CRITIC AND GUIDE:

We all remember your excellent work some three years ago in fighting the narrow-minded and bigoted Sidney Faber, whom you succeeded in removing from his position. The present Board is not quite so bad, but still it is not so very good either. A little less persecution of the retail druggist would be a good thing. My employer is sued for $25 because it is claimed by the Board that our Tincture of Cinchona did not come up to the standard. I will swear that I made the tincture strictly according to the last edition of the U. S. P., and the Cinchona was bought from a reliable wholesale house. What would the Board want the retail druggist to do? To assay each pound of Cinchona? I believe that to make a druggist pay $25 under the circumstances is simple robbery. Our lives are not made so sweet as to be made more bitter by the Board of Pharmacy. I am not sure you will dare to print this letter, but hope you will. I wish the CRITIC AND GUIDE, which is, in my opinion, the best and most honest journal in the world, a long and successful life. Your life-long subscriber,

A. P., Brooklyn.

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### Brooklyn College of Pharmacy.

Editor CRITIC AND GUIDE:

Here is an institution which deserves to be exposed in the CRITIC AND GUIDE. The faculty is one of the poorest in the country, the course given there is a farce, the students graduating being among the worst ignoramuses. As to the Post-Graduate

course, it is positively a fraud. They have very few microscopes, and the course is a disgrace. It is only the $100 they are after. They throw disgrace on the degree Phar. D. The trustees boast that they are in good financial condition. Of course. They refuse to pay decent salaries to competent instructors, their laboratory expenses are very slight, hence their profits are large. Can't you expose that so-called college? I assure you that I have no personal animus against the college. I write merely in the interest of the elevation of Pharmacy and because it is difficult for such colleges as try to give a real good course to compete. Wishing the CRITIC AND GUIDE continued success, yours, A. C., Phar. D.

[Submit facts and figures and we shall most assuredly print them, regardless of who is hurt thereby. On the other hand, we will just as readily print a statement in defense of the Brooklyn College.—Editor.]

## Pharmaceutical Notes and News.

THE excise commissioner of St. Louis has announced that all druggists of the city who wish to sell the "medicines" recently classed as "liquors" by the Internal Revenue Department will have to pay a saloon license of $618 per annum. Next!

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IOWA druggists have been circulating a petition intended to be presented to the State Legislature asking that a law be passed prohibiting physicians from compounding prescriptions, alleging that they are not necessarily competent to compound them, nor obliged to pass an examination as to their fitness to do so. On their part, the physicians of the State are agitating for a law against counter-prescribing. Now, what will be the end of all this?

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A $3,000,000 corporation, whose object is to acquire a chain of retail drug stores throughout the country, is reported from Chicago. About twelve big stores have already been purchased or are being negotiated for. At the head of the enterprise is a corporation lawyer, by the name of Marcus Pollasky. His incentive is the success of the United Cigar Stores Co. A wholesale establishment, at 55-57 Water street, also figures in the scheme. The promoter frankly admits that he knows little of the drug business, but he asserts that "there's money in the drug business, or there wouldn't be so many in it."

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KOPP'S BABY FRIEND is under the ban in Baltimore. It was given by a mother to aid a three-months' infant thought to be suffering from indigestion, and the baby died. The coroner's jury that investigated the case has warned the public against the Baby

Friend, and the State's Attorney has declared in favor of a law providing that all medicines containing poisons shall be so marked. Let us fervently hope that public indignation will burn long enough and hot enough to carry the bill through to the statute books.

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THE announcement of the adoption of the direct-contract and serial-numbering plan by the large proprietary house of E. C. De Witt & Co., of Chicago, was heralded as a "Christmas gift" to the retail drug trade. De Witt was probably inspired by the Christmas spirit. Retailers are to get full prices on his firm's products hereafter, the jobbers an extra discount, and the public a one-minute cough cure, a dyspepsia cure and other things of the sort—cheap at half the price.

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THE MONTHLY BULLETIN, soon to be published by the American Pharmaceutical Association, would add much to its readableness if it should devote a department to the doings of the Diastase Club—that little social organization that convenes at midnight at A. Ph. A. conventions, in cheerful surroundings, with the merry clinking of steins, and under a hovering cloud from all ranks of perfectos. Editor C. S. N. Hallberg, as grand potentate of the club, has the minutes and the reminiscences for material.

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Because of a startling revelation of tribute levied on druggists by San Francisco physicians—a practice which we can only hope is not so widespread as reported—the "Western Druggist" strongly advises the medical journals of that State "to concentrate their energies on elevating the standard of ethics of the physicians of their own city, where such advice is badly needed, and cease their attempt to supervize the morals of physicians and pharmacists of the rest of the country, who can get along very well without it."

If the facts are as stated below, the rebuke is well justified:

"Some years ago a drug store was established in San Francisco, but unfortunately lost money from the start. After a time the proprietor packed up his stock, moved to New York city, and has to-day one of the best paying drug stores in the eastern metropolis. Why was the drug store such a success in New York after proving such a decided failure in San Francisco?

"Here is the secret of the incident mentioned. The pharmacist, whose business venture proved so unsuccessful, was compelled to move from San Francisco because he refused to pay tribute to physicians for the privilege of filling their prescriptions. According to our authority in the matter, there is only one drug store in San Francisco which does not pay a percentage to some physician for every prescription filled.

"Not only is tribute levied on the pharmacist, but, we are told,

even the trained nurse must turn over to the physician the half of her first week's salary in each case in order to have her name placed on that physician's list of eligibles. But even worse than this is vouched for. San Francisco physicians, according to our authority, are not satisfied with the fee received from the patient, supplemented by the tribute of the pharmacist and the nurse, but, when their medical services prove unavailing, insist upon a 'divvy' from the undertaker. This is almost unbelievable, but we have not the slightest doubt of the correctness of the information concerning the status of affairs, which has come to us."

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William Bodemann, known to fame as the irrepressible chief of the N. A. R. D. "raising H— committee," in a communication to the drug-trade press, contrasts the condition of the government-owned telephone service in Berlin with that of the telephone monopoly in Chicago—to the advantage of the latter. He therefore argues that New York should frown on a competing telephone company or the municipal ownership of its own telephone service. We've seen several carefully selected cases of the benefits of private monopoly set forth for a gullible public before. The Ryanized N. Y. Times and the Morganized N. Y. Sun exceed in this particular. "Soldiers in the Army of the Common Good," however, have their eyes set steadfastly on a bright star in the East—on the growth and practical application of the public ownership idea in Europe. Private corporations have been dispossessed of the ownership and operation of street-car lines, gas, water, and electricity supplies, railroads, telegraphs, telephones, and even mines. "Hardly shall any one study the subect on the ground," says Charles Edward Russell in "Everybody's Magazine," "and escape the conclusion that in Europe Public Ownership is regarded as something beyond experiment and has become a demonstrated success."

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At a recent London medical exhibition was shown an artificial blush, says the Spatula. It consisted of a tiny glass bottle containing a minimum of amyl nitrite. This is wrapped in cotton wool with a linen covering, and when the glass is snapped by the fingers the volatile drug soaks into the covering for inhalation. Amyl nitrite is, in its serious medical aspect, a powerful heat stimulant. Incidentally its effect is to raise a vivid blush, and the compact cotton wool and glass covering offers singular opportunities for its use in this connection. Ladies by concealing four or five of these in a dainty handkerchief would find them a valuable addition to their battery of charms, for they are warranted to make a veteran of ten seasons blush at the selected moment like a debutante.

# Practical and Dependable Formulas.

## ORIGINAL AND SELECTED.

Our journals are filled with formulas which are chemically or pharmaceutically incompatible, contain overdoses or are otherwise worthless. No formula is admitted into the pages of the Critic and Guide that has not been scrutinized for incompatibilities, overdoses or other errors. Our formulas may be depended upon.

### Excellent application for Chilblains.

Winter is coming and many a tender foot will become subject to that annoying affection, Pernio or Chilblain. One of the very best applications is the following, made according to the formula originally suggested by Lassar:

| | |
|---|---|
| Diachylon Ointment ... | 5 dr. |
| Petrolatum ..... | 5 dr. |
| Olive Oil ..... | 2. dr. |
| Carbolic Acid ..... | 15 grn. |
| Oil Lavender..... | 15 drops. |

This ointment is spread on linen and applied to the affected parts with a bandage, over night. In a short time the chilblains, even of the worst character are completely healed.

### For Pruritus Ani

| | |
|---|---|
| Carbolic Acid ..... | 30 grn. |
| Calomel..... | 1 dr. |
| Tar..... | 1½dr. |
| Menthol ..... | 20 grn. |
| Zinc Oxide ..... | 2 dr. |
| Simple Cerate ..... | 2 dr. |

Wash the parts with hot water and spread the ointment on a cloth. Apply and fasten with a T-bandage.

### What is the right Dose?

There is no fixed definite dose of any drug. The right dose is the dose that will produce the desired effect. Says Dr. Byrne:

The *dose* of a drug is another thing that is frequently overlooked. How long will it take us to learn that there is no fixed rule for the dosage of drugs, but that it is the duty of the intelligent physician who expects results to find what dose each patient's condition or peculiarity demands, and then to administer it properly, watching carefully to see whether he gets the desired results or fails to get them. In the latter event, other remedies or different doses or methods of administration can be tried in an orderly manner, and so on. Where 1-30 grn. of strychnine by mouth shows no effect, 1-15 to 1-10 grn. given hypodermically may be the means of saving life.

### For a Nasal Spray.

Dr. Sommers recomends the following two formulas, which he has found useful in various forms of nasopharyngitis.

| | |
|---|---|
| Camphor-Menthol..... | m x |
| Oil Eucalyptus ..... | m x |
| Oil Petrolatum, q. s. ad... | ℥ iv |

Soothing and protective to the mucosa, especially in vaso-motor changes, such as hay-fever, etc.

| | |
|---|---|
| Oil Eucalyptus ..... | ℥ ii |
| Oil Cassia..... | m xl |
| Oil Gaultheria ..... | m xl |
| Camphor-Menthol..... | m xl |
| Oil Petrolatum, q. s. ad... | ℥ iv |

Stimulating spray, adapted especially to chronic pharyngitis, associated with dryness of the mucosa.

**An Application for Granular Conjunctivitis**

Copper Sulphate.....1 grn.
Salicylic Acid.....2 grn.
Cocaine Hydrochlor...2 grn.
White Petrolatum....2½ drams

Apply at night. Wash off in the morning with warm water or preferably with a warm solution of borax.

**Good Formulas for Gastro-intestinal Fermentation**

Bismuth Salicylate.....75 grn.
Magnesium Salicylate..75 grn.
Sodium Benzoate.....75 grn.

Divide into 18 powders. One three times a day.

Sodium Sulphocarbolate 5 grn.
Salol ..... 3 grn.
Magnesium Oxide.....10 grn.

For one powder. One three times a day, half hour after each meal.

**In acute Laryngitis**

Camphor-Menthol.....m xx
Tr. Benzoin Comp. .....℥ i
Oil Petrolatum, q. s. ad...℥ i

Add to hot water, in strength desired, for steam inhalation.

**Clergyman's Sore Throat**

Iodine .....gr. x
Potass. Iodide.....gr. xx
Camphor-Menthol ..... m xx
Oil Petrolatum, q. s. ad.. ℥ i

Apply locally to enlarged glands of pharynx, three or more times a week.

This may also prove of value in soft, parenchymatous enlargement of the tonsils in young children, but is of no value when an excess of fibrous tissue is present. [Sommers].

**For Fatty Heart.**

The following combination is recommended by Prof. A. Robin of Paris, for Fatty Heart. The formula fs for one pill and one such pill is to be taken daily.

Sodium Arsenate..... 1/60 grn.
Potassium Iodide..... ¾ grn.
Powd. Nux Vomica.... ⅛ grn.
Powd. Rhubarb..... ¾ grn.
Ext. Dulcamara.....1½ grn.

**For Baldheadedness**

Many baldheads are constantly on the lookout for a good combination. The following formula has a good reputation.

Pilocarpine Hydrochlor. 3 grn.
Oil Rose..... 8 min.
Oil Rosemary .. } of each, 2 dr
Cantharides Tr. }
Glycerin ..... 1 oz.
Expr. Oil Almond } of each, 10 dr.
Spt. Camphor... }

To be rubbed well into the scalp night and morning.

**Eligible Formulas for the Hypodermic administration of Mercury**

Many clinicians recognize that the hypodermic treatment of syphilis is in many respects superior to the treatment per os. The trouble however is in finding a good formula for a solution that is stable and permanent. The following have good authorities behind them.

Mercury Benzoate.....5 gr.
Sodium Chloride.....5 gr.
Distilled Water.....1 oz.

Dissolve with the aid of heat and filter. The solution may be heated to boiling without fear of decomposition, according to the author (Dr. Dubois), no precipitate forms in solutions that have been kept even for several months.

Mercury Succinimide.. 2.5 Gm.
Cocaine Hydrochloride 1.0 Gm.
Distilled Water.....50.0 Gm.

Of this, a cubic centimeter (Horovitz) is injected directly into the muscular tissue of the buttocks. One injection is made daily for two days in succession, and then one day is skipped, after which the injections are resumed.

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**Quality and not quantity** must be the watchword of a dignified medical journalism, as of a dignified lay journalism.—*Boston, Med. and Surg. Jour.*

MEDICO-PHARMACEUTICAL

# CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1. Single copy, 25c. Foreign, $1.50; 6 Sh.; 6 Mks; 8 Frcs.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. VI. FEBRUARY 1906 No. 2.

## Editorials and Editorialettes.

☞ Having decided to change the date of publication of the CRITIC AND GUIDE from the 15th to the 1st, we had to get out this issue in short order. This accounts for the much smaller number of pages than usual. But we will make up in March.

### THE PREVENTION OF CONCEPTION—ONE OF THE MOMENTOUS QUESTIONS OF THE CENTURY.

Our little editorial in the January issue with the above title, which was merely suggestive, seems to have touched a sensitive spot in our readers' hearts. We cannot at this moment think of any other editorial which called forth so many and such immediate responses from our readers. And every class is represented in those letters, everybody seems to be interested. And the strangest part of it is this: All the letters with one single exception (so far) are favorable to our position, and some even blame us for having treated the subject too gingerly. The letter which forms the solitary exception is from a clergyman, a Catholic priest, who has been a subscriber to the CRITIC AND GUIDE from the first number. The objections of our esteemed subscriber are two in number and are not particularly new, but they must be answered.

Objection one states that the fear of pregnancy is the greatest guardian of chastity in virgins. A popular knowledge of contracepts would lead to great immorality. To this I would reply, first, with Goldsmith, that virtue which ever requires guarding is scarcely worth a sentinel. Second, I would say that it is untrue; that it is a libel on the girlhood of the world to assert that its chastity is preserved only by the fear of evil consequences. Our

girls are influenced by different and higher motives. And third, that a certain very small percentage of girls always has and always will wander from the straight path—thru various unavoidable and unconquerable circumstances. And in such deplorable cases—and here I am going to say something which will give an electric shock to all the prudes and hypocrites, but I am going to say it all the same—it would be a million times better, if the poor sinning girl could use a contracept, than that she should have to have recourse later to poisonous drugs, to the abortionist or, failing these, to the carbolic acid bottle or the river. This is my sincere conviction, arrived at after long and painstaking thought, and I believe that any honest thinker, who is not afraid of logical conclusions, would, giving the matter due consideration, be forced to agree with me.

The second objection is also a very familiar one. It is that if the knowledge of the means of preventing conception became common property, people would refuse to have children, and the race would soon die out. Those who offer this objection seem to leave the maternal instinct entirely out of consideration. Of course, the objection is an untenable one. There are very few women indeed who are not anxious to have one, two or three children. And a woman who has been married several years without conceiving will certainly apply to a physician to cure her sterility. This is not theory, but fact; fact from our personal experience and from the experience of every other physician. I know rich families who would give away half of their fortune—and more—to have a child. And I know of a woman with an extremely contracted pelvis, who was cautioned not to get "in the family way," because she could not have the child without a dangerous operation. And the operation of Cesarean section was explained to her. Did she heed the warning? Not she. On the contrary, she took the risk deliberately. "She didn't care if she died, as long as she had a baby." And a Cesarean section was performed in due time. And she took the risk the second time. But this time, the child being very small, a symphisiotomy was sufficient. No, the maternal instinct is not dead yet, and sterility is still considered by most women somewhat of a disgrace (tho, bless me, just as often as not it is the husband's fault, but the poor women don't know it.) There may be, no doubt there are, a few women—and men—who do not want to "bother" with any children at all. Such unnatural men and women do not deserve to have children, and the race is better off without their offspring.

It is quite true that with the popular use of contracepts the *number* of children would be limited. But this is as it should be. It is both morally just and economically right. It is the perfect inalienable right of parents to limit their offspring to the number which they can conveniently and properly bring up. Better a quarter of a dozen healthy, well-brought up, well-educated and

## A "FINE" COMBINATION IN PNEUMONIA.

A Missouri brother writes in the *Medical World* for January that he treats pneumonia with morphine and the following combination: "Acetanilid, 1 ounce; sodium bicarbonate, bromo-seltzer, each ½ ounce. Triturate thoroly. Dose: 5 to 15 grs. In from 20 to 60 minutes the patient begins to complain, "Oh, I am so hot!" A few minutes later a colliquative sweat sets in. Your patient is now comfortable. For an hour or two hours he may perspire so freely as to wet his clothing and sheets. When he ceases sweating I have his sheets and clothing changed. He may have a light chill in from two to four hours after the perspiration sets in; but if he does not turn blue (cyanosis) followed by high temperature, your treatment is safe. He may have a slight rigor, a scarcely appreciable cyanosis and very little rise of fever; do not fear this. In four hours from first dose of mixture, give another small dose of same."

Now, note this sentence: "If he doesn't turn blue (cyanosis), followed by high temperature, your treatment is safe." If he doesn't! But if he does? And that he frequently or occasionally does, is seen from the doctor's "if." No wonder the mortality in pneumonia is so high. Bromo-seltzer! I wonder if that good and honest doctor knows that bromo-seltzer is full of acetanilid. His mixture, however, could be still further improved. Here is a sample: Acetanilid, 1 ounce; antikamnia, phenalgin, ammonol and phenobromate, each ½ ounce; orangeine, Koehler's headache powder, bromo-seltzer, each 2 ounces. Mix thoroly, and give teaspoonful every hour until patient is cyanotic, collapsed or dead.

## ILL-BEHAVED STUDENTS.

Several students belonging to the St. Bartholomew's and Webb Street Schools complain of the disgusting conduct during lecture of four or five ignorant puppies, who are constantly annoying the class by throwing pieces of paper, orange peel and other missiles at such pupils as are desirous of attending to the discourse of their teachers. Why not give the fellows a ducking under the pump? At all events, if the nuisance should be continued, we will publish the names of the offending parties.

The above is from the *Lancet* of December 22nd, 1827; that is, let us see, 78 years ago. Apparently, there were fools and rowdies among the students then, as there are now. The punishment suggested by the *Lancet* is not a bad one.

## KOPP'S BABY'S FRIEND.

In the CRITIC AND GUIDE for October (p. 326) we had a notice on the above poisonous nostrum. Dr. R. E. Eskildson writes to the J. A. M. A. that a patient of his gave her 3-days-old baby

four drops of the stuff and the child went into a stupor at once. It presented all the symptoms of opium poisoning and was so treated; it was twelve hours, however, before the infant was out of danger. The Journal analyzed the preparation and found it to contain about one-third of a grain of morphine sulphate to the fluid ounce. Baby's Friend, indeed! Wouldn't Baby's Enemy be a more appropriate title? And is it any wonder that we have so many morphine fiends, when we consider that many babies are from *their very birth* being fed on morphine, opium and other narcotics?

## WOMEN WITH MUSTACHE.

Will anyone give us a satisfactory explanation why so many French women have a growth of hair on their upper lip? Not merely a suspicion of a growth, but quite a luxuriant mustache. Some women shave, some apply depilatories, the very religious ones, however, abstain from any interference whatsoever. And if there is anything uglier than a woman with a black mustache (it is always black) and beard, I should like to know what it is. In France mustached and slightly bearded women are so frequent that they no longer excite any attention. Hardly any. If you approach France from Switzerland, you begin to notice the phenomenon as soon as you come in among the French Swiss. In Geneva they are quite common. I discussed the point with one of the physicians of the Hôpital St. Louis in Paris, but the explanation he gave for the phenomenon will not bear public print. Besides it is not very probable.

## EXPERIMENTAL PROOF THAT ANGER STOPS THE SECRETION OF GASTRIC JUICE AND AFFECTS DIGESTION.

Whether the experiments performed by Bickel and Sasaki were justifiable or necessary, is a question which we shall not attempt to discuss now. We will leave the discussion for another occasion. Let us here relate the experiments, which if cruel, are not devoid of interest (Deut. Med. Wochen., Nov. 16. Amer. Med. Dec. 23). A gastric fistula was established in an esophagotomized dog, after the method of Pawlow. The dog, which was very excitable, could be wrought to a pitch of intense fury by having a cat held in front of him in such a way that he could not seize the animal. By means of a pseudofeeding, i. e., one in which meat given by mouth passed out the esophageal opening without entering the stomach, a large amount of gastric juice could be made to flow from the gastrostomy wound. In the course of the first twenty minutes after the feeding, 66.7 cc. of gastric juice was secreted. On the following day, the dog being in a cage, was irritated for five minutes by having the cat held in front of him. After he had become somewhat quieted, a pseudo-

feeding of five minutes' duration was given, and the gastric juice measured. Although the dog was hungry and had eaten with avidity, there was no noteworthy secretion; during twenty minutes, only 9 cc. of an acid fluid containing large amounts of mucus was obtained. This shows that violent emotions of an unpleasant character are able, practically, to inhibit gastric secretion. In a further experiment, it was demonstrated that an emotional state was not only capable of preventing secretion, but that it also had the power to arrest a secretion that was actively in progress. A secretion of 28.5 cc. in five minutes sank to 3 cc. after the dog had been angered by having the cat held in front of him. As far as the investigation has gone, the quality of the secretion is not modified to any noteworthy degree, except in the amount of mucus. It is the quantity that suffers change. [In our opinion the quality *must* undergo a great change, too.—Ed.] The abstractor of the article makes the following reflection: "If the canine mind has the influence upon the gastric secretions shown in these experiments, it is a natural inference that the same conditions hold good in a probably greater degree for human beings, and that we have here experimental proof of what immemorial experience has taught us."

And we permit ourselves to submit the following question: Is experimental proof of what *immemorial experience has taught us* necessary?

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## MATERNAL IMPRESSIONS.

In the Interstate Medical Journal for December, Dr. Edwin Taylor Shelly of Atchinson, Kansas, expresses his high indignation at the fact that many physicians are still so foolish as to believe in the maternal impression superstition. He collates the opinions of the maternal impressionists—and merely stamps them all as foolish. He laughs at the "wise men of the East"—Edward P. Davis, R. C. Norris, Barton Cooke Hirst, Wm. A. N. Dorland (all of Philadelphia); J. Clifton Edgar (of New York), Chas. Jewett (of Brooklyn), for their share in the perpetuation of such a superstition, and says this belief is a "serious reproach" to our profession. Well, the wise men of the East *may* be wrong, but all the wisdom and truth is not monopolized by Atchinson, Kansas, either. We also used to ridicule the maternal impression superstition, but as we grow older and observe more, we are getting inclined to believe with a certain gentleman, William Shakespeare by name, that there are "more things between heaven and earth, Horatio, than are dreamed of in your philosophy."

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Public notice is hereby given to the few good people who have as yet failed to send in their renewal subscriptions, to kindly do

at once. We want you on our list, you want the CRITIC AND GUIDE, so why delay? Attend to the little matter to-day. A dollar is welcome, and three dollars for 4 years is welcomer still.

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## ANTHROPOLOGIC NOTES ON THE TRIBES OF QUEENSLAND.

By Wilber E. Cross, of Fitzy Creek, South Queensland, Australia.

The age of puberty in the female in tropical Queensland is from eleven to twelve years—some cases earlier. They join their husbands at this age. The wife during the period of her courses sleeps by herself at a fire near to her husband's camp. Dust is the only thing they use to prevent the flow from annoying them. A woman during her periods goes about her usual duties and is often hours at a time in the water, sleeps in damp places or dry, as the case may be, and suffers in no way from any after effects. The children are suckled up to three years, sometimes four.

The births are remarkably easy—no pain—and the mother gets about as soon or in a day or two. Two old women act as midwives, one holding the mother's back, whilst the other attends to the child. The mother sits down with her legs and feet under her knees, the knees wide apart. The child being born, the navel cord is tied and cut long—the afterbirth is buried or hung up on a tree next day. The child's head is brought into shape by gentle pressure of the hands, the manipulator's hands being warmed at a fire and each pressure is accompanied by a sharp click of the tongue.

When the navel cord is dry it is cut off and the mother wears it around her neck for a month. This is supposed to act as a charm and keep the baby in good health.

I have only known one case of twins, which caused great excitement, it being unprecedented.

At one birth at which I was present, the mother lay naked by a small fire on a piece of bare ground—the child was born at 2 o'clock in the morning in the middle of winter, and as well as being cold quite a gale of wind was blowing. The new-born child was taken at once to the lagoon and well washed in the cold water, and then placed by the fire on a piece of bark; it lay in the sun all day, next day being sunburnt and blistered all over; in a day or two the skin all peeled off; then the mother rubbed it all over with her own milk and powdered charcoal, to hasten up the natural color.

One never sees deformed or sickly children amongst the wild tribes; they die from the above treatment or are killed as being "no good." Of course, there are cases of cripples, who have become such after childhood.

The tribes are divided into groups, from two to eight. The first two groups are subdivided into two each. Sometimes into four each. Each group has a class name, and each individual takes his or her class name from the mother or grandmother. Thus, in the two main groups the father A marries B and her children are B. The father B marries A and the children are A. Both of these groups are divided into C, D, E. F.

The different classes are branded on the cheeks and chin by fire when young by the mother, so a person can never deny his or her class, and no mistakes are made.

A man of C class calls all women of D class wife, altho he may only have the one wife. Also all of E class he calls children, of C class (his own) brothers or sisters, and so on, on both sides. There are, of course, proper names for each kind, to distinguish blood relations from class relations. This has led inquirers to believe that all males have more than one wife, and also that some women more than one husband, which is wrong.

There is very little, if any, ceremony at a marriage. The brides are promised when children and are handed over to their husbands when old enough. The hymen is broken with the finger, and the husband enjoys his wife for three days, and then she is common to all of his class for one or two days. After that she remains faithful, unless her husband wishing to pay a great compliment to a friend sends her to him, when she must obey.

The mother-in-law must never look at or speak to her son-in-law, and keeps out of his way. She, however, visits her daughter, the son-in-law often leaving food in his camp for her.

Male children being of more account than females, they often try to procure them by the following methods:

First—Old men have several young girls given to them as wives—result, higher percentage of males.

Second—Young men are mated to older women—same result.

Third—A family of all sisters are mated to men who have no sisters.

Fourth—Girls with no brothers are enforced to kill female offspring (drastic).

Fifth—Girls with no brothers are prevented from breeding by operation (drastic).

Sixth—Females, offspring of girls with no brothers, but married to husbands with no sisters are killed; male offspring of same are always given old wives.

These rules seem to give the desired effect, but it may have become so thru long selection.

First cousins do not marry, and incest is punished with death.

Some tribes perform an operation on the male members of their tribes, whom they wish to debar from perpetuating their species, but at the same time allowing them the pleasures of sexual intercourse.

The operation, which is carried out with great ceremony by all the males in the absence of the women consists of laying open the penis from the root to the end and into the urinary canal, then a flat bone is placed so as to keep the edges apart and firmly bound there; this is kept in place until the wound is quite healed; in urinating, one operated on in this fashion sits down, the urine escaping just above the scrotum; in sexual intercourse, the semen goes no further, but drops to the ground, thus preventing impregnation.

## HALF-CUT DOCTORS.

The death of a prominent dentist recently, from an overdose of narcotic medicine leads us to say a few words on the unwise and mischievous administration of drugs by men who have a partial training in medicine.

A little knowledge is a dangerous thing. The thoroly informed and experienced physician is cautious in his prescription of dangerous drugs. He knows that very often pain and suffering are part of Nature's plan to relieve an ill or teach a lesson. That there is natural evolution of disease that may or may not be interfered with to the patient's benefit.

But your druggist, dentist, medical student or nurse, knows but a part of this. He knows that morphine relieves pain; that bitters increase the appetite; that cathartics open the bowels; that cocaine relieves sneezing. And there he stops.

A man has pain in his stomach or a woman has dysmenorrhea. The doctor knows that there is impaction of the feces, or endometritis and he uses cautious treatment and inculcates patience. But the half-cut says, "Bother the old fogy. I know what will relieve you," and puts in the patient's hands the hypodermic syringe; result—two morphine fiends, neither cured, the maladies held in check and continued indefinitely.

A paitent comes in with anorexia due to overeating and neglect of exercise. Doctor prescribes common-sense; nurse advises whisky and snakeroot; and an inebriate is made.

Madame Meateater has hay fever; doctor prescribes rational diet and regime. Dentist tells her he can cure her without exertion or delay and applies cocaine to her nostrils; and another victim is added to the many.

Woman has constipation, chronic; doctor lays down the diet, exercise and the habit of regularity of resort to the closet with a little aid to secure movements at first, gradually reduced as the influence of habit is established. Mr. Student tells her she need not bother; to take a teaspoonful of some patent salts every morn-

ing and she will be all right. When the salts are worn out he advises purgative pills; and so on from weak to stronger till the cathartic habit is formed and the bowels have lost the habit of independent action.

Mike has delirium tremens, and the old doctor concludes a season with the calico snakes and Dolly Varden alligators will do the man good; so lets him severely alone, simply seeing that his life is safe. Druggist has read the prescriptions of a dozen doctors till he actually knows as much as the whole bunch; if you don't believe it ask him; and he gives the man coca and capsicum, and takes him thru so well that the man goes gaily back to his booze, as he knows he will be helped thru without suffering.

The physician is slow to purge away ascites; preferring to keep up the patient's strength, knowing that thus he will prolong his life in comfort; the half-cut gives a big physic and presto—he has done more good in a day than the doctor did in two months. True, in a week, the dropsy is back and the man fatally weakened, but that is too far for the lay intellect to look.

But it is in treating himself that the half-cut goes out brilliantly. He knows all about such drugs as chloroform, morphine and strychnine. He has given and taken them for years; he is not afraid of them. And so when he has pain he will go at it with a will, and will not bother with a little fiddling dose of half a grain, just pours out a good lot and swallows it. Then if there be evidences of overdosing, he slaps in a lot of strychnine to counteract it. But his kidneys do not happen to be up to excreting so much and he "goes dead."

If you need treatment, go to a doctor, and do as he says and do nothing else.

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## FAKE NEWSPAPERS.

A nondescript sheet entitled *Woman's Realm* comes to us as a sample copy month after month. As we are not inhabiting a Woman's Realm, we are wondering why this hybrid advertising sheet,—advertising everything from last year's birds'-nests to next year's corns,—is permitted the use of second-class postage facilities. It seems to us that any one cursorily familiar with printed matter, whether in newspaper or book form, could see with half an eye, that this Woman's Realm is apparently but an advertising sheet for proprietary and patent medicines, and some other questionable things, with little or nothing original in its pages, but with just sufficient copied matter here and there to make it appear as and for a journal.

Let us quote a few of things advertised in *Woman's Realm,* and, therefore, of assumed value to women: The Turnock Medical Co. at Chicago has cured legions of lumbago, rheumatism, diabetes, dropsy, Bright's disease cases, and the usual string of other incurable things; and this, this turncock affair cures with

free sample; Lightning, which so many scientific journals have given the bar-sinister; "I can cure cancer," with a bottonniered, bespectacled doctor beating his open fist to emphasize his ability, from St. Louis; then there comes that mortar-capped Sproule who cures deafness and other kindred ailments when everybody else has given them up; Your fortune will be told in Philadelphia, free; Bed-wetting cured, sample free, from Bloomington, Ill.; Eczema cured from Greenville, Pa., free for the asking; The famous V-O treatment for Bright's Disease, when one package puts him on his feet; Marry rich, Big List of Descriptions and photos (sealed) free, from Chicago; $60 a month for ladies to sell somebody's baking powder; Fits Cured, also goitre cured from Cincinnati; Pearl necklace free to those sillybillies who sell 'seven dollars' worth of unsellable truck; Ladies' free trial, Never failing monthly remedy, which relieves the most obstinate cases, from Buffalo; Ladies Only, on receipt of 25 cents will be given a secret which cost Mrs. Butler of Hammond, Ind., $5; Would you marry, if suited, from Toledo; Get Married by joining our Society, from Northampton, Mass.; A Blessing to Women . . . toilet necessities, Rubber Goods of Every Description; $100.00 in Gold Free for guessing a transparent misplacement of four letters, from Philadelphia; Free Gold Watch absolutely Free, if boys and girls will sell a big bill of pinchbeck jewelry; A putty face can be made unputtylike with Facial Aid, at Dorchester, Mass.; Miss Wilcox promises to massage your face by mail, from Chicago; A free Catarrh Cure from Marshall, Mich., with a picture of a thin haired, parted in the middle guy, who has adopted the postural treatment in his ads. formerly so familiar with Prof. Munyon; Barbers make easy money from Kansas City; Water Doctor will test urine free, in Cincinnati; Drunkards cured in one day free; I Cure Women Free, from Kokomo; 42-piece dinner set for the usual fake guessing of problems; a three-and-a-half foot long telescope for the same reasons; and so on ad infinitum. We, therefore, repeat our query: How does this ad. sheet find its way into the second-class rate of postage; and why are they allowed to send so many Sample Copies? Any one, apparently, except a post office inspector, could see the purpose of the truck advertising sheet. Why should it be sent to men editors? It is, doubtlessly, also, sent to young ladies. Does our great and good moral government stand sponsor for such possible corruption and undoing of good women and girls? Would any of our Post Office Inspectors be pleased to find this alleged journal in the hands of his wife or his daughters?

Who said that nothing good can come from Homeopathy? The above is from the *American Physician*, a very bright and interesting homeopathic journal. Apparently the exposure of the nostrum fraud is penetrating into all corners.

## TREATMENT OF TYPHOID FEVER.

By C. B. Van Zandt, M. D.

I believe it may be put down as an axiom, that the larger one's experience is with this disease, the less will his faith be in any line of specific medication. Intestinal antisepsis, elimination by purgatives or colonic salt injections, antipyretic drugs, and so forth, have all had their advocates and, in my judgment, their day. If past experience in the treatment of typhoid fever has borne any real fruitage, it may be summed up in the old phrase, "masterly inactivity," in the use of drugs. More and more has it come to be felt in the profession that typhoid fever is peculiarly a disease in which trained nursing is the sine qua non; and in which the faithful care of the sufferer rather than a harsh assault on the disorder itself, turns the scale toward recovery. As Pepper has strongly put it, "in this disease it is pre-eminently true that a good nurse without any doctor is better than the best doctor without a good nurse."

Among the first requisites are a large and airy bedroom; a high, single bed; complete rest and quietude, in the recumbent position; with the bed-pan and urinal, from the beginning. In very restless patients, occasional transfer to a fresh bed is soothing.

As to medicines, the passing years have lightened my armamentarium greatly. The coal-tar antipyretics ought rarely to be used, for while their immediate effect may be good, their ultimate influence on the heart is bad. As Dr. Baruch, of New York, the great hydrotherapist, has so facetiously put it, "their chief virtue is that they enable the patient to die with a normal temperature." On this account I prefer to reduce the temperature, when excessive, by hydrotherapy, using tepid or cool sponging if the temperature be between 101.5 and 103; the cold pack, cool affusions or the cool or graduated bath, if it be above 103. If the temperature is below 101.5 degrees, I believe the patient is better left undisturbed. Cold to the head, by ice-bags, Leiter's coils, or water compresses, is a valuable adjuvant. The value of these measures lies in four directions: First, lowering of temperature; secondly, as a nervous sedative; thirdly, general tonic effect on the heart; lastly, a lowered death rate.

In hospital work, with an extra long, portable bath tub, with suitable raising and lowering apparatus, I have great faith in the Brand method, in unusually severe cases. In milder cases and at the home, it seems to me needless and inapplicable.

At the beginning, I am accustomed to clear out the bowels with calomel and a saline, but later rarely to give purgatives for this purpose, relying entirely on colon enemata. In accordance with this plan, I have never felt it wise to resort to the Woodbridge treatment, for it is essentially laxative and irritant, increasing peristalsis and, I fear, the tendency to hemorrhage. A moderate

experience with acetozone, alphozone, and other new intestinal antiseptics, has not impressed me in their favor. Salol has seemed useful in limiting tympanites, due to fermentation of food, and also as a urinary antiseptic; likewise the sulphocarbolates and creosotal. Turpentine by the mouth and in high colon flushings has a well merited place in treatment. If the movements are not especially loose or frequent, it is not best to check them by medication, but to limit the degree of tympany as above suggested. Hemorrhage is best met by ice-bags to the abdomen, morphia hypodermically, and hypodermoclysis of normal salt solution; perforation by immediate laparotomy.

Of direct specific treatment, I believe there is none; the more so, when one considers that the bacillus of Eberth is entrenched deeply in the intestinal ulcers, in the spleen, the blood, the rose-spots, the urine. If a specific treatment is found, it will likely be a serum, such as Wright is trying in the British army in India and South Africa.

"Support of the patient" in every way is the watch-word. If this means strychnia, alcohol, and so forth, he gets them; but above all, comes good nourishment, regularly given. Many cases, as proven by Osler's experience at the Johns Hopkins Hospital, get along well without any medicines; and in the hands of my hospital colleagues, cases in some numbers have made good recoveries on peppermint water alone. But as Osler himself naively advises, "it may be safer in private practice, for the young practitioner especially, to order a mild fever mixture." This view, however, would not make us supine in the face of urgent symptoms or threatening danger, where appropriate remedies may be used to immense advantage.

Above all else, in my opinion, is the need of discretion in the matter of food to be given.

First, as to *broths*: I find it difficult to get patients to take broth alone, day in and day out, during the whole course of the disease. Again, most of the broths are rather laxative. If barley is incorporated with the broth to correct this laxative effect, like all carbohydrates, it seems to increase the tympany. Moreover, the results of the straight broth-feeding in the hands of hospital colleagues with whom I have talked, have not seemed better than with milk. Broths as a change from milk are undoubtedly valuable in all cases. Secondly, as to *milk*: Whether used alone or placed in other forms of nourishment, the milk ought to be thoroughly peptonized, even to the point of bitterness. If this is done, no curds will be possible in the contents of the bowel or in the stools. If the patient is constipated, peptonized buttermilk can be substituted occasionally, or egg-lemonade, or orangeade. Beef juice and milk-whey are also available.

After the defervescence, it is certainly safer to wait ten days before allowing solid food, semi-solid being used in the mean-

time. Good tonics hasten convalescence at this time. Much more of detail might be added to this outline, but limitation of space forbids.

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## TREATMENT OF TYPHOID FEVER.

By A. D. Atwood, M. D., Denver, Colo.

If called early, whether the case is the typhoid state or typhoid fever, if the patient is fairly strong I give aconitine, gr. 1/134 (for fever) each and every hour for twelve hours; also one grain of calomel every hour for four doses, followed by a saline to flush the bowels. Zinc sulphocarbolate is given to saturation if there is diarrhea; otherwise sodium sulphocarbolate—five grains for a male, two grains for a female, every two hours, until nauseated.

When possible, I withhold all nourishment for 48 hours, but give lemonade freely. The tepid sponge bath is employed every three hours, until the fever drops to 102. If it remains at 102, bathe twice a day; if higher, sponge every four hours, gradually reducing the temperature of the water while the fever remains above 102. After the first 24 hours, I continue with calomel, gr. 1/10 every hour for two weeks; also the antiseptic in small doses, say a grain or two every two or three hours throughout the disease.

If there is severe headache or pain in the joints or back, I try to relieve with local measures, such as the ice-bag or cold compresses. Am not in favor of the coal-tar products in this condition, unless it is an asthenic case, and then use them only for the first 24 to 36 hours. I endeavor to clean out the intestinal tract as soon as possible, using some one of the antiseptics with calomel and a saline, and colonic flushing if there is much gas in the large intestine.

Unless a case has been down about two weeks, I am able to reduce the temperature curve from 1 degree to 3 degrees F.; then with careful watching can keep it down with sponging and the small doses of calomel, along with light antiseptics. I give strychnine throughout the attack, especially after the first week, say 1/30 to 1/60 grain every four hours. For tympanites I use small doses of turpentine; for hemorrhage, ice, elevation of foot of bed, morphine and astringent injections. Other conditions are treated symptomatically.

Since the systemic infection of typhoid begins in the intestinal tract, it seems to me that antiseptic treatment is better than the expectant plan, and in my limited experience certainly has done no harm. Aside from local measures, I am not a believer in much medicine. Good nursing and proper diet are at least half the battle. Milk in some form is the best food when well borne. I like rice and barley gruel with it, and also use eggnog, coffee,

cocia, somatose and many other light articles. If my cases were in the hospital, I should adhere rather closely to the Brand method.

To resume, my method of treating typhoid fever is as follows: 1. Try to reduce fever with medicine during the first 24 to 48 hours; also sponging. 2. Flush rectum and colon. 3. Use supportive measures, watching especially the heart and kidneys and the diet.—*Denver Med. Times.*

## Letters to the Editor.

**Dr. Reed on Abortions.—A Mother's Plea.**

Dear Dr. Robinson:—May a mere woman "speak out in meeting," tho she is not even that poor relation, a woman doctor, but only a "connection by marriage," a doctor's wife?

Referring to Dr. Reed's article in the December CRITIC AND GUIDE on Abortions, I have one fault to find with his humane, broad-minded and otherwise liberal views. In raising the question of the woman's motive behind the act, it is hardly just to say that social reasons are the chief ones, as they certainly are the most unworthy ones in the married state. Dr. Reed has not looked deeply enuf into his subject, if he does not know that death is not always the worst penalty; that it sometimes takes more courage to live than to die; and that woman is as often sinned against as sinning. The other question naturally arises, should there be absolutely no limit to woman's *willing* endurance and submission to awful suffering and sacrifice? Herbert Spencer says that the parents' self-subordination to offspring should not be so great as to deprive the children of the necessaries for life and growth and the justness of this plain principle dwells in the mother's heart even tho she may never have heard of that great philosopher. Think of giving up years and years of your life to a retirement made necessary by ill health and suffering, to a greater or lesser state of helplessness in which you can neither enjoy pleasures nor be able to perform the most pressing and sacred duties. Think of going into this valley of the shadow of death every two years, and its only exit being a doorway of inexpressible pain and anguish, with each time an increase of responsibility and a corresponding decrease of health and strength. Then think of the colicky babies—teething, it's always teething—the inflamed breasts, the decaying teeth, the failing eyesight, the weary mother at her tasks of nursing, patching, cooking, washing—worse than all, think of the orphan babies left motherless by this abuse of the wonderful function of maternity! It is right that the law of the land should protect the unborn babe, but, alas for the poor mother!

Even the Society for the Prevention of Cruelty to Animals takes no notice of their plight! Education is the key to the situation; of course, not punishment. Nature takes care of that part. Moreover, the matter will never be righted by giving all the instruction to the woman, while neglecting man's equal responsibility for the situation. Yet it is not enuf to teach that abortion is a dreadful sin, nor even for all doctors to prove it an equally dreadful mistake. All this is valuable and indispensable, but the cure must be far more radical if it is to protect the mother as well as the child, the individual as well as the race.

Respectfully, Mrs. X, Kentucky.

[It is too bad that our esteemed subscriber does not proceed to point out the cure, the radical remedy.—Ed.]

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**A Contribution to the Ethical Aspect of the Patent-Medicine Disease.**

The object of my article is not to expose Warner's Safe Cure, Peruna, Duffy's Whiskey, Liquozone, etc.; that part has been well taken care of by the Editor of this journal; my object is solely to meditate on the disease of money-greed and its cause.

The owners of those so-called cure-alls have but one thing in mind: business. Money-making at any cost fills their whole life; it is the most sacred ambition of their obscure minds. Is that business aspect really the only meaning of our lives? Is there no ethical aspect to life? Has life no permanent, eternal significance? No other value but money?

No, is the answer of those greedy patent fungoid growths. They are animated by one spirit, one demon: Money. Money is their god, and they remember from past days: Thou shalt have no other god beside me. But where does the cure of a human being come in, you ask? That part, friend, never enters their degenerated brains and how could it? The nostrum manufacturer, as a rule, does not know the action or effects of his own lauded trash. One thing he knows, to make money. When that greed has once taken possession of man, it demands his body and his soul; the entire man, and all other considerations shrink into nothingness before that demon. This greed murders, perjures, lies, damns, does everything that hell could ever conceive. There is one ideal, high above god and soul: "Dollar." That greed surpasses all limits; it is not unlike space and time. Money is raised to the principle of life; it leads to quantification of all values, to the monetization of the very soul of man. All mental production falls, in their case, under the viewpoint of exchange value of offer and demand. Everything is auctioned, every article is stamped with its price.

Is our art, our science, really a question of how much? Are the different professions only avenues leading to the golden calf? To the one god? Is there no more to it? Is the soul, the body, everything, merchandise with a label?

What aids and encourages more than anything else those money hunters and degenerates? Our daily press, which leads necessarily to the impoverishment and vulgarization of the soul. Instead of serving the public, it rules the public, worse than the tyrant Dionysius.

This greed for gold devours man and empties him, renders him fit for nothing else but to calculate his gain. It is the Booty-Ideal which these so-called philanthropists chase after. One of these rapacious animals announces that a certain rich patient has given him a hundred thousand dollars, because the daughter has been cured, and now he is so generous as to offer his great *knowledge* free to all poor sufferers for a short time. He even gives them a sample, etc. Another hunted up the secret Prescription No. 100,503 of the old Dr. Skin-All, which he bought for an enormous outlay in order to benefit poor humanity. But the only object is to cure you from the over-weight of your pocket, from financial plethora. But what is behind this charitable Inferno? The almighty god "Dollar." How to win fortune is the motive power behind Satan's throne. And the newspapers knowing the fraudulent nature of those advertisements still continue to carry them!

Why? Atrophy of conscience is my diagnosis of the case; the ethical aspect has been chilled, frozen to ice. The lack of ethical education has brought on the disease, and humanity has to suffer for it. Society has to foot the bill because it neglected to attend to that education. Therefore, we find at times our own among the lost ones, ready to sell their souls for gain, to serve these "philanthropists." Things fortunately are changing, minds are busy to tear that magic veil from their hypocritic faces and show up their true nature, their fraudulent faces. With shame be it said there are many unethical physicians who lend their criminal minds and hands to these robbers and thieves. But, we are glad to note, that the exposés of such journals as the CRITIC AND GUIDE are shaming them into decency.

Thousands of dollars for foreign missions (they are more needed at home than there), stolen from Christians to convert a heathen (if there are any), thousands of dollars for crooked senators to prevent the passage of the Pure Food Bill, or to prevent the protection of the people against wholesale poisoning. Where does the money come from? From the duped, the sick, the poor, the despairing. The patent-medicine man gives it, that charitable demi-god. The entire system or cult of those sharks consists in the adoration of the Golden Calf.

The crime of hypocrisy has befallen almost the entire race. There was a time when a church or a theatre was a moral institution, but to-day the former is a show house for new hats, silks, coiffures, etc., the latter a place of amusement, mere and simple. The music hall has the largest and most faithful audience. Instead of religion we find superstition and bigotry, and all that is due to *faulty ethical education.* Education has been degraded to a business affair and there lies the root of the evil.

The patent medicine evil, however, is beginning to vanish, thanks to the Editor of this journal. It would be well if we had a like editor in all branches and walks of life. The atmosphere would get clear, there would be a separation of the clean from the unclean, of the honest from the dishonest, of the worthy from the unworthy.

Conscience should dictate our conduct, not money!

WILLIAM MEYER, M.D.,
No. 446 Clinton Ave., West Hoboken, N. J.

## Pharmaceutical Notes and News.

To the queries "Can a Retail Druggist, not carrying an Internal Revenue license, compound prescriptions and formulas containing alcohol from 25 per cent. to 75 per cent.? Can he sell tinctures containing 25 per cent. to 75 per cent. alcohol?" J. Morley answers in Practical Druggist: "The Commissioner of Internal Revenue says that he can, 'without subjecting himself to special tax as a retail liquor dealer under the internal revenue laws of the United States, in view of the exempting provision of section 3246, Revised Statutes, if the preparation which he thus sells contain drugs which give a medicinal quality to the alcoholic liquor other than that which it may inherently possess, and he sells these compounds in good faith for medicinal purposes only, never selling them as beverages nor selling them knowingly to those buying them for use as beverages.'"

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"NOWADAYS Federal control is the shibboleth of salvation from all the ills that flesh is heir to," observes the American Druggist. "Who is to control the Federal officers?" then asks the A. D. editor. Are they all honest? Does appointment to a Federal office purge men from all temptation to abuse authority, to extort money, to prostitute power to personal ends?" Then, getting down to the real business on hand, the editor touches on the proposed Federal control of proprietary remedies, and concludes: "While we oppose the proposed Federal control, we realize that it would prove disastrous to the retailer." There's a drop of comfort for the majority of his readers.

Answering our contemporary's three last questions, we would say mildly No, No, No. The editor knew there was but one answer to his conundrums when he propounded them. But, in turn, we will ask him where is there any more available lever than government control to bring about to some reasonable degree the abolition of the rebate, embalmed beef, highly preserved canned goods, poisonous and intoxicating secret nostrums, etc.? To cite very recent examples of the effectiveness of this government control, we might point to the good work being done in excluding from the mail publications relating to fake sexual restoratives, regulators, etc., and the Internal Revenue Department's good beginning in ordering that various alcoholic preparations selling under false colors shall be taxed as liquors. Isn't it the very dread of the effectiveness of this control that brings about the earnest protestations against it from the gentlemen most interested? But, no, we don't look for perfection in Federal officers or anybody else this side the River Jordan.

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Notwithstanding the outcry that has been raised against the practice in the press and elsewhere, a number of druggists continue the exhibition of rolls of toilet paper in their show windows—a startling advertisement of the slothfulness of the manager within. A few of the ideas of a thinking pharmacist on the subject of "Window Dressing with a Small Stock," are thus set forth by Geo. W. Hague in "Merck's Report":

There are plenty of things in the drug store which afford a profitable window display without any extra expense. The show windows don't need to be filled full of stock to sell goods; nor is a pretty window always a profitable one. A little stock well displayed is usually sufficient.

Tie up about two dozen packages of pipe-clay in two-ounce packages and put into the window. Use a sign something like this: "Clean your white slippers with pipe-clay. 5 cents per package." Stock invested? About 15 cents.

Witch hazel put up in pint, quart and gallon bottles nicely displayed makes a good seller. Five gallons of stock would be ample.

Household thermometers are great sellers on either very warm days or very cold days. The poles which support the window make an excellent place to hang the thermometers.

Take a small stand or box covered with pretty crepe paper, place on it either a box of candy, a bottle of perfume, a box of cigars, a box of writing paper, a box of fancy soap, or a large jar of cold cream. Place in rear of the displayed article this sign: "Always an Acceptable Present." This one article alone makes a profitable display.

MEDICO-PHARMACEUTICAL

# CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1. Single copy, 25c. Foreign, $1.50; 6 Sh.; 6 Mks; 8 Frcs.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. VI. MARCH 1906. No. 3.

## Editorials and Editorialettes.

To those who see the CRITIC AND GUIDE for the first time: Please read this number carefully. It will give you a fair idea of what the CRITIC AND GUIDE is.

We believe it to be a little different from the monthly mediocrities, which are so fearfully alike.

We believe it to be the only one of its kind.

We believe it has accomplished an immense amount of good during the three years of its existence.

It is a journal written with a considerable expenditure of gray matter and red corpuscles.

It is a journal to make people think.

If the CRITIC AND GUIDE appeals to you, send us your subscription.

### THE BURNING QUESTION OF MEDICAL ADVERTISING.

As the question of medical advertising is now one of the burning issues of the day and as this issue of the CRITIC AND GUIDE will reach many new readers, it may not be amiss that we once more state our position on this important subject. The CRITIC AND GUIDE has been the first to attack the "ethical" nostrums; it attacked them with a boldness and uncompromising singleness of purpose, which has earned for it the undying hatred of the nostrumists. Unlike the sham reformers who attack one or two unpopular fakes, admitting all the rest into their pages, the CRITIC AND GUIDE attacked the entire class of nostrums, the entire class of false-pretence remedies. But on the other hand, it has been extremely careful not to attack the real worthy additions to our thrapeutic armamentarium. It has avoided attacking merely for sensationalism's sake. It has not admitted and it never will admit into its pages a nostrum. Every *remedial* preparation advertised in our pages is of *known* composition and is not adver-

tised to the laity. This has been our platform from the first issue; it will remain our platform to the last. By letting down the bars, we could gain many advertisements which would pay for our arduous work instead of making it a labor of love—but then we don't barter our principles.

We reprint below an editorial from an early issue of the CRITIC AND GUIDE which still more fully explains our position:

WHERE SHOULD WE DRAW THE LINE?

The editor of the largest and most widely circulated medical weekly in this country concludes a long letter to me with the following sentence:

"The question as to what should be admitted to our advertising pages and what should not, has been the source of more worry and anxiety to me than any other one subject since I have been editor of The ————, and I long ago came to the conclusion that there was a personal equation in the matter, and that no hard and fast line could be drawn without throwing out every kind of preparation."

Not quite so bad. There are instances in which we are puzzled, in which we are in doubt where to place a given preparation, but such instances are rare. As a rule, there is no difficulty in determining whether a preparation is worthy of admittance into a respectable medical journal or not. The first and principal test—one outweighing all other tests and considerations—is the secrecy or non-secrecy of the preparation. If the composition of the preparation is secret, then that settles it. We needn't go any further. We simply cannot permit, mustn't permit people to tell us to treat our patients with things that we don't know anything about. It is humiliating to ourselves; it is insulting to our intelligence; it is dangerous to our patients; it is blocking the true progress of therapeutics to use things that we don't know "what they are." It isn't true, as the Medical Brief tries to make believe, that we demand to know the exact process of manufacture; that we want to learn the manufacturers' "valuable trade secrets," etc. We do not. But we do want to know what the ultimate product is, that we are asked to use on our patients. All "reports" of the therapeutic value of the preparation are worthless. We all know what such reports amount to. We can get "valuable reports" on anything.

So then, a knowledge of the composition of any medicinal preparation is an absolute sine qua non. After knowing the composition of the thing, there are several other factors to be determined. Those are: Are any extravagant claims made for the preparation; is it advertised to the laity; are spurious testimonials (or puffs by mercenary writers) published in its behalf; does the preparation represent any therapeutic or pharmaceutic advance, etc.? But all these factors are secondary to the first

and most important requirement: A knowledge of the correct composition of the preparation—at least as far as its active constituents are concerned. This, I repeat, is a sine qua non, and here is where the line must be drawn. As to advertising to the laity, we must discriminate between the preparations. If the preparation is a disinfectant, a cosmetic, a tooth wash or powder, or a food ,there can be no serious objection. The same is true of laxatives and mineral waters But a preparation, that is advertised to the laity as a cure for *serious* ailments and diseases, should be barred absolutely from the pages of respectable medical journals. It is thus seen that after all, it is not so very difficult to draw the line. Of course, if the editor is not a pharmaceutical chemist, he will be often puzzled; but then he can always easily obtain the advice of an expert.

P. S. When I say the composition, I mean the true composition. Fake formulæ are, of course, worse than none at all, and a manufacturer daring to offer such formulæ, or giving chemical terms, which are not even in existence, should receive such an emphatic rebuke from the press as would make him loath to repeat the performance in the future.

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Is the Journalistic Field overcrowded? It is and it isn't. It is overcrowded with Trash, Venality, Mediocrity, Smugosity and Platitude, but the *real* journals, journals of Individuality, of Character, of Originality, of Depth and of Incorruptibility are very few ,indeed. There is an opening for a great many of them. And they will all get along.

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## DOES IT PAY?

They tell me it does not always pay to tell the truth. It does not pay from what point of view—from the financial one? Well, the financial point of view is not everything, and is not my point of view. And I pity the man who, before saying a word, catches himself, slaps his hand on his mouth, and stops to meditate—will it pay or will it not pay? What's the odds—we are not going to live forever anyway.

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## ATTENDING MEDICAL MEETINGS

They have been chiding me for so rarely showing myself at a medical meeting. They tell me that as an editor and as a specialist I ought to show myself frequently in public. Well, gentlemen of the jury, I plead guilty. Perhaps I ought to. But there are extenuating circumstances, which I trust will minimize the punishment. First of all, I am awfully tired to listen to the annunciation of the novel facts that Epsom salts will move the bowels, that quinine will cure malaria, that mercury is useful in

syphilis, that silver nitrate will cure—or will not cure—gonorrhea, that corn beef and cabbage are preferably withheld in typhoid fever, that pneumonia is a self-limited disease, etc. Second, please take into consideration that I read every important—and many unimportant—publication in the six principal languages of the world, and that therefore no medical discovery or medical theory is likely to escape my attention. And what may seem new to you may be quite old to me. Third, the ventilation in our medical meeting halls is generally miserable, and the air is vile, and I do object after a hard day's work to be obliged to sit for two hours and inhale the $CO_2$ exhaled by my estimable confrères. And last—and also least—I object to the unwholesome, utterly unhygienic, indigestion-producing repast which is spread at the conclusion of the meeting. In other words, I generally leave the meetings with mental dyspepsia induced by the paper of the evening and the so-called discussion following it, and with physical dyspepsia induced by the collation. And for these reasons *I* prefer not to go.

Do not misunderstand me. I believe in the essential usefulness of medical societies, belong to many of them and pay my dues regularly. If you derive pleasure or benefit from attending medical meetings, why, bless your heart, go there by all means. But do not reproach a brother who prefers to spend his evenings home with his wife, or one of the children, on his lap, discussing the burning questions of the hour, reading a novel, or communing with the great poets and philosophers of the past.

*Chacun a son gout*—every one to his taste.

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## CONSISTENCY THOU ART A JEWEL, OR, THE EVENING JOURNAL AND DUFFY'S WHISKEY ONCE MORE.

In to-day's (February 16) Evening Journal there is a very touching article by Beatrice Fairfax entitled, Why Drink Is Dangerous. It is illustrated by a very touching, very impressive cartoon. "For every man in the world who drinks, some woman's heart aches," is the legend under it. "On one side the young man and his curse, the whiskey bottle, stand alone, deserted; and on the other side, deliberately pushed from him by his own hand, stand success, family, friends, love." Very true, very nice, very touching. And in the same issue, on the very next page, there is an advertisement with the following heading:

MRS. SARGENT PRAISES DUFFY'S.

The dear old lady was given up to die by the family doctor, but she is now strong and well, without an ache or pain, thanks to the great life-giving tonic-stimulant, Duffy's Pure Malt Whiskey.

In other words, in the same issue in which the evils of drink are so graphically and touchingly depicted, a preparation is advertized which has made and is making thousands upon thousands of drunkards; lying, fraudulent, vile statements are printed whose only object is the spread of drunkenness and—well, it is no use dilating further. As to the respectable and rich gentlemen who compose the Duffy's Malt Whiskey Co., we must say, begging their pardon, that they belong to the meanest and most contemptible liars and frauds in the entire nefarious patent medicine business. And we will repeat this statement at any time and place they may designate. *For it is true.*

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## A BEAUTIFUL FAKE.

Since the foundation of the CRITIC AND GUIDE, since the agitation against the nostrum evil, since the formation of the Council on Pharmacy and Chemistry, proprietary manufacturers have modified and moderated the claims for their preparations, have curbed the exuberance of their expressions and have eliminated a good part of the extravagance of language in which their announcements and booklets used to be couched. They know there is a vigilant eye and a ready pen—and they do not care to be subjected to exposure and ridicule. We were therefore considerably surprised and nonplused on finding in our mail a pamphlet which for stupidity, idiotic statements and downright fakiness beats anything we have seen in a long while. How anyone could under *the present circumstances* send out a pamphlet of this character is beyond comprehension. It shows a monumental lack of judgment to say the least. We seldom read advertising literature now, except if it is sent in "marked." We have had too much of it. But casually opening the pamphlet, our gaze was transfixed by the following remarkable sentence: "It is not claimed positively that antithermoline *contains radium* in its composition, but it is claimed, in the light of its positive power in the treatment of inflammatory affections, that there is a very strong probability of its presence." Immediately the thought formulated itself in our mind: "It is not claimed positively that Mr. G. W. Carnrick is a fake, but in view of this positively idiotic statement, there is a very strong probability of his being one." And a gentle investigation confirmed the correctness of this thought. Antithermoline is one of the numerous clay dressings, or kaolin-glycerin pastes, which have sprung up of late like mushrooms. We consider those pastes quite useful where indicated; the glycerin and the other ingredients do exert a positive antiphlogistic and antiseptic, and consequent upon this, an anodyne action. This ought to be sufficient. But this imitating genius, not satisfied with the above well-established action, gives a lot of twaddle about the "curative merits" of the silicates.

He tries to convey the idea that the silicate—the kaolin—is an important remedial agent, possessing curative virtues per se, and it makes an awful lot of difference what kind of silicate is used. Of course, this is all rot. The silicate or kaolin acts merely as a base, as a vehicle for the glycerin and other ingredients, and when we apply the glycerinized paste to a case of pneumonia, it is not on account of the "avidity" of the silicate for oxygen. Such avidity exists only in the manufacturer's mind.

The booklet is filled with statements which remind you of certain newspaper interviews with "well-known gentlemen," "eminent personages," etc. "We have had the coöperation and advice of the best element in the profession," "An observing physician says, "A physician of wide experience writes." This anonymous twaddle has no value with the intelligent physician. Even where a physician's name is appended there is room for skepticism, but when the manufacturer wants to make us believe anonymous statements, he wastes his printing and postage. Here is, for instance, a statement that calls for comment: "An eminent gynecologist, in a paper before a State society, asserts that as a means of applying heat to the vaginal vault, it is far superior to the ordinary douche." Now, this is something George Washington never told. It is too fishy to deceive even the merest tyro. If the eminent gynecologist made his assertion about antithermoline before a medical society, then the eminent gynecologist's name is no longer a confidential secret—so why not give it? It would certainly have carried more weight. No, I know too much about advertising literature and I make the bold assertion that both the eminent gynecologist and the medical society are myths, created in Mr. G. W. Carnrick's mind, and I challenge him to prove the contrary. If he succeeds, I will give the value of 100 subscriptions to the CRITIC AND GUIDE—100 dollars—to any charity he may designate. There are many other foolish statements in the booklet—the above are sufficient to demonstrate the character of the manufacturer, who claims to be "ethical."

We now come to the most important point—the formula of the preparation. As we said elsewhere, mere exaggerated statements can be forgiven, but positive misstatements, falsehoods, must be criticized without any mincing of words. And no formula at all is preferable to a false formula. Well, what is the composition of antithermoline? In the booklet sent out by the manufacturer the formula is given (page 6) as imported (?) silicate, with which "is incorporated ammonium iodide, boracic acid, eucalyptus, menthol, thymol and chemically pure glycerin." Very well. In the advertisement of antithermoline appearing in the February *New York State Journal of Medicine* (a journal which, by the way, ought to be a little more discriminating in its advertizing pages), the composition is given as follows: Imported silicates of alumina and magnesia, boracic acid, oil of

eucalyptus, menthol and thymol, glycerin. Now, what has become of the ammonium iodide? The booklet and the journal were received within the same week. The manufacturers can not, therefore, claim that the formula has been changed. So, which is the true formula and which is the false one? One must be false, and should preparations with deliberately false formulas be advertised in State journals? We shall see about that later.

But who is Mr. G. W. Carnrick anyway? In the foreword we read: "The name Carnrick has for nearly half a century been a sufficient guarantee to medical men of the ethical status of their preparations." We confess we felt rather surprised that a firm claiming an ethical status for nearly half a century should send out such an idiotic literary production. This morning's (February 17) medical journals, however, have torn away the veil in which the mystery was shrouded, at least as far as we were concerned. In the Journal of the American Medical Association and in other journals there is an announcement from the old scientific firm of Reed & Carnrick, from which it appears that the above statement as used by G. W. Carnick was used with *fraudulent* intent—with the intent to mislead and confuse the medical profession, to make them believe that this Carnrick had some connection with the firm of Reed & Carnrick. It appears upon investigation that this Mr. Carnrick has no connection whatsoever with the firm of Reed & Carnrick, that he has had no scientific training whatsoever, and that the nearly half century during which he claims to have been in business is represented by the long period of six years. And it is such people who dare to teach physiology to the medical profession, who presume to prepare delicate organic products for the treatment of such diseases as diabetes, etc. But why not? If, as Mark Twain tells us, the dramatic critiques are written by promoted shoemakers, why may not milkmen, icemen, ex-bartenders, patent medicine advertisers, bookmakers (we do not mean writers of books, but the gentlemen bettors on the race track), discarded actors, etc., manufacture alleged physiologic products, and instruct the medical profession in the principles of biology and physiologic chemistry? We guess it will be safer for our readers to leave antithermoline and trypsogen, the products of the brain of Mr. G. W. Carnrick, alone for awhile—say for a half century or so.

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Between the thieves, swindlers and wretched frauds who constituted the Life and Force Chemical Company (run down and arrested by the Federal authorities), and the manufacturers of *some* proprietary nostrums, there is but a difference of degree, not of kind.

* * *

We hear that it was a firm manufacturing "ethical" proprietries, advertised in the best medical journals (J. A. M. A., etc.) that furnished the Force of Life Fraud Company with the necessary pills, tablets, etc. As soon as we get the facts with absolute certainty, so that there can be no question as to their correctness, we shall publish them in the CRITIC AND GUIDE. They ought to make interesting reading.

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## THE MEDICAL BRIEF APPENDAGE.

Our editorial in the CRITIC AND GUIDE for September, which handled a certain publication, issued by a patent medicine advertising agent and styling itself the *American Medical Journalist,* seemed to hit that publication in the solar plexus. The idea of it becoming generally known that the so-called *American Medical Journalist* is not even edited by a physician, but by a mere advertising agent, and Lawrence's advertising agent at that, is extremely distasteful to the parties concerned. Well, the CRITIC AND GUIDE will reprint in its pages all the mean and lying things that the Journalist has said about the Editor, including the cartoons, if the Journalist will reprint verbatim in its pages our first September editorial. "Ain't that fair?"

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## THE EVOLUTION OF A STATEMENT.

We have always believed in the Darwinian theory of evolution, and we are glad to see that certain statements of certain manufacturers are gradually "evoluting" towards truth and correctness. In their pamphlet "A Scientific Achievement," sent out some two years ago, the ovoferrin manufacturers made the claim that their product "is not changed by hydrochloric acid *or* the gastric juice." (Page 1, line 7 from bottom.) Further on (page 4, line 9) they made it still stronger: "Ovoferrin is absolutely unchanged by hydrochloric acid." I showed the incorrectness of those statements. In their next pamphlet, "Scientific Facts," they were modified to read that ovoferrin was "not affected by the hydrochloric acid *of* the gastric juice." Quite a difference. And in their latest pamphlet, "The Consensus of Opinion," the statement is modified still further. On page 7 (2) we read: "It is not *appreciably* affected by the hydrochloric acid of the gastric juice." That's much better.

And hypercritical people will also be pleased to note that the statement about the neutral reaction of the preparation is altogether omitted in the present pamphlet. *And so is the formula.*

As to the mysterious discrepancy between their chemical formula, the percentage of iron as found by Prof. Coblentz and the amount of iron per tablespoon claimed by the manufacturers, that has been cleared away by the statements (1) that the for-

mula was not a chemical but a percentage formula; (2) that Coblentz when referring to ovoferrin was referring to the dry powder, while (3) the manufacturers were referring to their solution of ovoferrin( without, however, letting the reader into the secret, as they do now).

In time the statements of the ovoferrin manufacturers will be quite in accordance with the facts.

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## THE EDITOR OF AMERICAN MEDICINE AND CRIMINAL CHILDREN.

The breadth of view, the depth of knowledge, the acuteness of reasoning displayed by our medical editors when attempting to grapple with sociologic problems are truly remarkable. We have just come across a gem of this character in an editorial in *American Medicine.* The editor of the journal, founded, owned and controled by the medical profession of America, is a very erudite and, in many respects, admirable man, but he can, on occasions, be as narrow-minded and illiberal as you please. He discusses Horace Fletcher's little book, "That Last Waif," which depicts the system whereby little tots are turned into the streets to be drilled in crime. "How long," asks the editor, "will society permit men to bring babies into the world to be thrust into the streets as soon as they can toddle and become parasites on the social organism?" Our answer is: So long as we will be prevented from popularizing the knowledge of the prevention of conception. But the editor continues: "The parents of the street waifs are the real criminals, and it is time to investigate if they cannot be compelled by law to pay for the proper rearing of their children or suffer confinement themselves as public enemies." It would be difficult to concentrate more foolishness into as small a space. To compel (by law! Oh, that panacea of the mediocre and the commonplace) the parents to pay? And if the parents are so poor that they cannot pay? And isn't it most likely that they are poor, for well-to-do people generally do not drive their children into the streets? "Or suffer confinement as public enemies." Great. Where will you get so many prisons? And where will the community take the money to pay for the proper rearing of the children and for the maintenance in prison of the improvident parents? No. In this *disease,* like in many other diseases, prevention is not only better than cure, it is *the* cure. We can do nothing after the children have been born. What we want to do is to educate the people in the knowledge of regulating reproduction. Teach the public how to prevent conception, and even the lowest classes will take advantage of this knowledge; and the number of ragamuffins, illiterates, imbeciles, syphilitics, paupers and criminals will be reduced to a minimum.

but that the patient's troubles were due chiefly to an infection which developed despite every precaution. At this writing the decision has not yet been rendered.

## QUACKERY IN TURKEY.

There is an awakening even in Turkey. Of course, the country is full of ignorant and superstitious quacks, but the intelligent physicians are beginning to stir and are advocating a crusade. The Turkish quacks attribute every malady to an evil eye. Their routine treatment is to administer a potion of water into which melted lead has been dropped, the draught to be taken during the recital of an incantation. The shapes assumed by the lead dropping into the water are pointed out to have various, generally menacing, significances. Other quacks have a habit of prescribing a diet lasting 70 days and which consists of dry bread without salt. If the condition disappears the skill of the quack has to be praised. If the disease persists then it is due to the unhappy star of the patient's destiny. Dr. Nouri Effendi, who made a tour in the provinces, declares that in consequence of such quackery and ignorance preventable and curable maladies are propagated with disastrous results.

THE INTERSTATE MEDICAL JOURNAL for January has just reached us. It is the Annual Medical Progress Number and contains 216 pages of good, meaty, and juicy reading matter. It presents to the reader's mental eye a true panorama of the progress of medicine in all its branches during the year 1905. We beg to compliment the managing editor, Dr. Otho F. Ball, and his large staff of able contributors on this excellent number, which may well take the place of a medical annual.

## THE YORK, THE GIRARD CHEMICAL CO. *et id omne genus.*

### A Heart to Heart Talk.

Dear Medical Brother: You know I am not an extremist. If you don't know it, you can see it from this issue. I state distinctly that a physician has a moral right—in fact, it is his duty—to specify the manufacturer, if he is sure that the preparations of that manufacturer give him better satisfaction than unspecified preparations. But, brother, when you specify with such emphasis on your prescriptions *York Chemical Co.*, is it *really* because you think that the York preparations are superior? Is it? Answer frankly. Or is it, perhaps—because—you—have—Oh, perish the thought, but let it come out—some stock in that company? Oh, I see you cast down your eyes; you blush. I thought so. You are too honest to lie. Now, brother, is the game worth the candle? Is it worth while for a few dollars a year to get the reputation among the druggists—and thru them among physicians—of being a prescriber, not of what is best for your patients, but of what may bring you a few cents profit? Is it worth while? Think it over, and let me know.

# Notes, Thoughts and Impressions

By the Editor.

## JOHN D. ROCKEFELLER, JR.

John D. Rockefeller, Jr., conducting a Sunday school and teaching right conduct and morality to a class of young men is a spectacle sufficient to make all the corpses in the dissecting rooms rise from their tables and roar with laughter. The son and worthy successor of the most unscrupulous thief, of the most conscienceless robber of the century, teaching ethics and morality! Some think that John D. Rockefeller, Jr., is a consummate hypocrite. I don't think so. I am more charitable. I think that John D. Rockefeller, Jr., is a dam fool.

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## THE GRAND DUKES.

Physically rotten, morally degenerate, intellectually dwarfed, sexually pervert, cruel, treacherous, bloodthirsty, brutal, without a spark of honor, without even an idea of the meaning of the word—such are the creatures which bear the titles of Grand Dukes of the Russian Empire. There is not a vice on the calendar in which they are not steeped; there is not a crime which they have not committed or which they are not ready to commit at any moment for the gratification of their passions. And those wretches control the policies which influence the life and happiness of 130 millions of human beings. Is the human race very far advanced in civilization?

I saw one of the Dukes at the best known private clinic in Berlin, where they come every year or two to take antisyphilitic treatment. Every one of the dukes is syphilitic. He was a contemptible, repulsive specimen, and the assistant told me that every time he gave him a salicylate of mercury injection he felt like wringing his neck. Not much loss if he had done it.

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## ROOSEVELT AND RUSSIA.

In spite of the many foolish things Roosevelt has said and done, I have always had a warm spot in my heart for the man. He is honest and independent—qualities which I admire above all else—and his influence on American life and politics is distinctly salutary. But I fear that by his butting in in the fight between Russia and Japan he has more than neutralized all the good he has ever done, or is ever likely to do. The pernicious effect of his meddling is beginning to be apparent only now. I am opposed to war. I hate war. But, as I stated publicly at the

beginning of the Russo-Japanese War, that war was necessary in the interest of humanity, in the interest of civilization. A few more victories—which undoubtedly would have been scored if Roosevelt had not so inopportunely butted in—and the brutal Russian autocracy would have been beaten to death. Now its Medusa head is raised again; heartrending, bloodcurdling massacres of men, women and children are *instigated* by it; the prisons and dungeons are overcrowded with the youth and intel lectual flower of the country; thousands upon thousands of people are subjected to unspeakable agonies and shot without trial, and the sky of Russia is as black—with only a red, bloody streak here and there—as never before. And humanity, sick at heart, looks on. And one hates to think that things might have been entirely different if our good President Roosevelt had kept his hands off.

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## "TRILBY."

I have recently glanced thru that unique and charming book "Trilby" and enjoyed it almost as much as I did twelve years ago. The time for a Trilby revival is about due. It is not the plot in the novel that is of any value; it is the pen pictures of the various characters and the glimpse of the true Quartier Latin of the middle of the last century. Happy Bohemia! Where is the Latin quarter of Murger, of Du Maurier? Gone forever. And it was, if not a good, a glorious time in many respects. And how friendship blossomed! Do we find nowadays such good, true chums?

"Oh, ye impecunious, unpinnacled young inseparables of eighteen, nineteen, twenty, even twenty-five, who share each other's thoughts and purses and wear each other's clothes and swear each other's oaths, and smoke each other's pipes, and respect each other's lights o' love, and keep each other's secrets, and tell each other's jokes, and pawn each other's watches, and merrymake together on the proceeds, and sit all night by each other's bedside in sickness, and comfort each other in sorrow and disappointment with silent, manly sympathy"—where are you now? But only he with a strain of Bohemianism in his veins will understand those times, will appreciate and sympathize with those types. . .

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## EVEN THE POPE GETTING SKEPTICAL.

The physician-in-charge at Lourdes, the French Mecca, at which so many miraculous cures are reported to take place annually, has sent in his usual annual report to the Pope. In reply he received a communication from the Pope's physician, Dr. Lapponi, stating that in the future the Holy Father wished to have arrangements made by which the identity of the cured patients could be established with authenticated testimony from

physicians and reliable witnesses as to the patients' previous condition. It is desired to put the whole Lourdes business on a "more" scientific basis.

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## THE SONG OF THE PATENT.

I thought that my health was as good as the next,
But I learned that it was terribly bad;
For I found, after reading the newspaper text
Of a loud patent medicine ad,
That mushrooms were growing all over my liver,
That something was loose in my heart,
That due to my spleen all my nerves had turned green
And my lungs were not doing their part.
I wrote Dr. Sharko and got as an answer,
"The wart on your thumb is incipient cancer."

I've taken Pe-ru-na for forty-nine days,
And Scamp Bark, my symptoms to gag;
And isn't it queer—all my pains disappear
When the medicine gives me a jag?
A "lovely sensation" I get from them all,
Which banishes carking annoy.
So gaily I drink 'em—and Lydia Pinkum
Has added her quota of joy.
And I've sent Dr. Bogie a neat little sum
For "radium tests" on the wart on my thumb.
When baby is restless a bottle I keep
Of Ma Winslow's Syrup. It takes
A spoonful of poison to put him to sleep
And another one when he awakes;
He lies in a paralyzed, hypnotized state;
So calm you can see at a glance
That the dear little chick sleeps as sound
When he's neatly laid out in a trance;
And I'm sure every mother could learn, if she would,
The knock-out-drop method to keep baby good.

While reading bright essays on "wonderful cures"
In decent newspapers each day
I see all the symptoms our tired flesh endures
And fly to my drugs in dismay.
I've Liquozone, Fakezone stocked on my shelf
With Horner's Safe Waters of Life;
I'm taking three-fourths of the tipple myself
And giving the rest to the wife—
And if there is anything left after that
I give it to Admiral Togo, the cat.

So this testimonial I would indorse
To give all poor sufferers hope.
Much pain I've endured, but I'm "positive cured."
The baby has spasms, my wife's throwing fits,
And I'm feeling fuzzy and bad—
For I feel we've amassed all the symptoms at last
Which you read in the medicine ad.
The ready-made cure and the angels who make it
Thus comfort and bless the poor devils who take it!
—Wallace Irwin, in *Collier's Weekly.*

# Original Contributions.

[For the Critic and Guide]

## Remarks on the Prevention of Conception.

By L. Jacobi, M. D., New York.

In the January issue of the CRITIC AND GUIDE, the editor touches on a problem of far-reaching bearings, and one which is usually approached with dissimulation and false modesty—the voluntary prevention of conception. We are accustomed to this pernicious attitude in all matters pertaining to the sexual function. We see it exemplified often enough in discussions concerning the prophylaxis of venereal diseases. We have been told by a great philosopher and pessimist that the sexual activity, while uppermost in the conscience of the majority, is for that very reason cautiously concealed and dissimulated. However that may be, there is no doubt as to the powerful influence exercised by the sexual impulse over the human race. It would seem as if nature has developed the reproductive instinct in man to a degree which far exceeds the necessity of race-perpetuation, and Schiller may not have been wrong when he asserted that the world is governed by Hunger and by Love.

Even those who believe with Herbert Spencer, that the sexual impulse becomes weaker and multiplication proportionately slower as civilization advances, cannot close their eyes to the role played at present by the reproductive instinct in human society. If left unchecked the tendency toward procreation would out of all doubt result in an increase of population which would far outstrip the means of sustenance derived by human skill and labor from Mother Earth. And until the time arrives when man shall be able to utilize the hidden powers of our planet to an extent as yet undreamt of, we shall be again and again brought face to face with the threatening problem of regulating the increase of population in harmony with our ability to support it.

This touches the sociological aspect of the subject which has been from time to time heatedly dealt with, especially since Malthus published his famous "Essay on Population." Malthus, who was a clergyman, not a physician, proposed a remedy for the evil. He earnestly recommended abstinence from sexual indulgence as the only available means of checking the tendency to over-population. His advice and admonition, while they were well-meant, fell upon deaf ears, as was to be expected. The author had reckoned without his host, so to say, and failed entirely in his estimate of the influence wielded by the reproductive instinct. His cure was worse than the disease, and brought him an abundance of undeserved ridicule, so that nowadays his name is mentioned with a smile. It is that same old contemptuous smile which we all indulge in when we look back on the unsuccessful attempt to solve the very same problems of life which still remain unsolved. But tho we carefully avoid them, nevertheless we groan under the repeated admonitions in the shape of disease and death from these very unsolved problems.

Since the time of Malthus a century has passed and it is permissible to inquire into the progress achieved in dealing with the condition of affairs which he had the courage to discuss. To be sure, it is the province of the sociologist we are invading, but has not a very prominent member of our profession expressed the hope that in future the physician will play a leading part in dealing with sociological questions?

But the subject has medical bearings as well, and with these we are directly concerned. Here, at least, we ought to be out of the reach of hypocrisy. Let us then leave out of consideration all those cases numbering by the thousands, in which pregnancy exists and must at any price, life-long disability and death included, be arrested, because circumstance or prejudice makes its continuation a greater evil than loss of life itself. Will anyone deny that here prevention would have been better than abortion? We regret that the province of the physician is still considered to be the cure and not the prevention of disease. But even granting this there remains a large field for his activity.

There are, namely, numerous conditions of one or both of the parents which render conception undesirable, either for the parents or for the future child or for both. Such cases come under the immediate jurisdiction of the physician. What is his attitude toward them?

A married man acquires syphilis or a syphilitic insists on marrying before sufficient time has elapsed since his infection. Here, surely, it is the doctor's duty to warn against conception. And so he does, but he acts very much like the other doctor who advises a poverty-stricken consumptive to go South. It is not sufficient to tell the patient what he is to prevent; it is necessary

to instruct him how to prevent it. This, however, is not done. Is it because we ourselves are no better off than Malthus and have no safe and reliable preventive? What is the good of telling the syphilitic, the nephritic woman: you must not become pregnant, without instructing her any further? A few months later she comes to us, pregnant, of course, and we then decide *ex consilio* to empty her uterus, endangering her life, aggravating her disease, and leaving her precisely in the same situation in regard to future conception.

The laity have a pathetic belief in the existence of safe remedies against conception. They do not doubt that the doctor could give them the information, and are angry at his non-committal attitude. Are these people mistaken in their unshakable belief in his knowledge? And is it not high time to give them the secret they are begging? Or is it ignorance that prompts our steadfast refusal? Well, then, if it be ignorance, let us at least openly confess to it and state the problem clearly, for that is the first step towards its solution.

## JOHN KEATS—THE APOTHECARY-POET.

**An appreciation**

**By Victor Robinson.**

Into the warm, soft sea of poetry, there has recently been launched a good ship, bearing as its precious burden a new edition of the works of John Keats. Every word which came from this marvellous boy, every phrase which fell from his wonderful pen has been carefully studied and commented upon. So once again we have the old story. For once again limping Fame, holding the laurel in her hand, has hobbled to her Poet, and found him dead. While Keats lived his ears heard the taunt, the jeer, the scoff, the ridicule. To-day we give him praise, love and admiration. They called him rhymster; we call him genius. The men of his generation howled in tones of wrath: "Back to the gallipots, young apothecary!" The men of ours, in words of reverence, whisper, "He is with Shakespeare!"

Lay aside that tardy laurel, O leaden-footed Fame. You are too sluggish, and your poets die too early. Put away that weary wreath, O Reputation with the dull eyes. The brow which should have worn it, the hand which should have reached for it, the heart which should have beat for it, are no more. O Fame! Fame! why do you stand so sorrowfully and with pathetic hands still hold out this unclaimed crown of flowers? Your poet is dead. Are you so faint-eared that you cannot hear what we tell you? We say, your poet is dead.

Yes, now thy youngest, dearest one has perished,
The nursling of thy widowhood, who grew
Like a pale flower by some sad maiden cherished,
And fed with true love-tears, instead of dew;

Most musical of mourners weep anew!
Thy extreme hope, the loveliest and the last,
The bloom whose petals nipt before they blew,
Died on the promise of the fruit, is waste;
The broken lily lies—the storm is overpast.

Yes, "the extreme hope, the loveliest and the last." Yes, "the youngest, dearest one," for at twenty-four the Adonis of England was dead. And what was it that killed you, gentle lad? Poet of the flowers, singer of the sunrise, chanter of the hilltops, dweller in elysium, child of Apollo, what made you so weary in the morning of your life? Perhaps man was cruel, but the April meadows knew thee, and the blowing musk-rose loved thee. When you laughed, the nightingale sang, and when you bowed your head, it was for you that the willow wept. The violets raised their tender eyes to meet yours, and the winged Psyche kissed you on the lips. For thee, the nymphs of woods and fountains danced, and for thee the pipes of Pan played their sweetest refrain. For thee the zephyrs blew gently, and for thee Phoebe's sapphire-regioned star shone brightly.

Yet your fate was sad, delicate high-strung youth, for you died in the bed of Disappointment.

"Here lies one whose name was writ in water," you told us to carve upon your tomb. The line was carved, your wish was followed and your will obeyed, but soft-voiced youth with the gently quivering lips, and the tear-dimmed eyes so mellow—your proud name is engraved high upon the everlasting scroll of the eternal Muse.

One time you said, "I would rather fail than not be among the greatest." Then the years went by, and with sad, sobbing voice, you murmured, "I have failed." But the world sends back the answer, "You are among the greatest."

In speaking of the Redeemers of the Race, we cannot leave out your name, John Keats. Not that you fought Freedom's fight, not that your voice rang thru the bugle of Justice, not that you advocated the rights of the oppressed or with matchless eloquence dealt superstition its death blow. But, rare-souled swain, because you were Beauty's lover. Because your name is synonym for all that is pure and sweet and holy. Because you worshipped so faithfully at the shadowy shrine of sacred poesy, and knelt with full-hearted devotion, at the altar of harmony Because you aspired after the ideal, and were true to the light which the Muses shed o'er your star-lit path. Because in reading your words, we learn that a thing of beauty is a joy forever. Because your heart was high, and your voice was gifted with the power of rarest song. Because your poems have thrilled us, and taught us, and helped us, and cheered us on our way. Because we have drunk deep from your cup and found the draught good. For all

this we thank thee, and for all this we are grateful. So we place thee among the elect few, and rank thee with the sceptered immortals.

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## PROPRIETARY REMEDIES FROM THE PHYSICIAN'S STANDPOINT

By William J. Robinson Ph. G., M.D., New York

It was with considerable hesitation, as your chairman will testify, that I consented to read a paper on the subject of proprietary remedies. First of all, I am tired of the subject. I have written and spoken so much about it for the last four or five years that I am simply tired of it, oversatiated. The best and most delicious article of food will cloy, if you eat too much of it. Second, it is a hot subject, on which it is very easy to burn one's fingers. There is no other subject on which you will be so readily, so wilfully misunderstood as when you speak on proprietary remedies. The passions are in too direct relationship with the pocket, and when the latter is touched, the former are aroused. But I believe it is my duty to say a word on the subject at the present moment. The discussion of proprietary remedies is in fashion; every physician thinks he must have his say; it is on the tapis of every medical society and an immense amount of ignorance and idiocy, cant and hypocrisy, silliness and hysteria is being displayed. It is, therefore, the duty of sane and moderate physicians to call a halt, lest the labor of years be destroyed and go for naught. There is no more dangerous enemy than the overzealous friend.

How should the subject be treated?

There are certain subjects which must be handled without gloves, without reserve—or should be left alone altogether. The half-hearted vague manner of hinting at things is worse than useless. I have always been in the habit of calling things by their right name—to my frequent injury—and I intend to do so now.

Four parties are concerned in the proprietary problem: the physician, the manufacturer, the druggist and the patient. While I have been requested to deal with the question from the physician's standpoint, it will be impossible to do the subject justice without touching at least superficially on the points of view of the other three parties.

The physician's relation to proprietary remedies is, or should be, after all, a very simple one. First, last and all the time, he must know what the substance is that he is asked to prescribe. This is a conditio *sine qua non*. To ask him to prescribe something of the composition of which he is ignorant, is an insult to his intelligence. It is so wrong morally and therapeutically that

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**Read at a meeting of the New York County Medico-Ph. League, January 23, as a part of a Symposium, representing the points of view of the Pharmacist, the Manufacturer and the Physician.*

it is difficult to discuss the *pros* and *cons,* for there can be no *cons.* Some questions admit of no argument. When Börne was asked to give an argument in favor of freedom of the press, he answered: "An argument? Give us freedom of the press or go to the devil, all together and everyone separately." He meant to imply that no arguments were needed, that the authorities knew the arguments as well as he himself, but refused to give freedom to the press for their own selfish motives. And so I lose patience when a manufacturer asks us to prescribe something of which he will not disclose the composition, and I say: "Tell us the composition of your product or go to the devil, all together and every one separately." But there is such a thing as going to extremes even in this demand, and the author of this paper is not an extremist in anything. When I say composition I mean the qualitative and quantitative composition of the principal active ingredients. The amount of glycerin, the flavoring, the corrigent, the coloring matter is of little or no interest to the physician, and it would be too much to ask the manufacturer to give all those data, for it would be a direct invitation to pirates and substitutors to imitate the product and to dispense it instead of the original article. This would be a suicidal policy, and sane healthy people do not usually commit suicide at somebody's invitation. Nor have we a right to demand to know the exact method of manufacture. We are given a finished product; we are told what it is, how much of each active ingredient it contains—and that's all we care to know. If the product appeals to us therapeutically, it would be a sin committed against our patients if we didn't prescribe it. And that's all there really is to it; the welfare of the patient should be our only law, our only guide, our only criterion. If we are firmly convinced that a certain preparation will do our patients good, and it is the best indicated drug in a certain case, then we should prescribe it regardless *of all other considerations.* But as I promised in the beginning to call things by their right names, and as I have always believed in concrete examples rather than in abstract generalizations, I will serve your purpose better, and you will be better pleased if I mention several proprietaries, taking them merely as types of the different classes of preparations, which should or should not be prescribed.

Antikamnia, Phenalgin.—Is a physician ever justified in prescribing these? Most certainly not. Why? Because these preparations are nothing but mere mixtures of acetanilid with sodium bicarbonate and ammonium carbonate respectively, because the science of materia medica and therapeutics has not been enriched one atom by the introduction of those preparations, and principally and chiefly because the manufacturers sail under black flags, under the flags of secrecy and misrepresentation. They try to make the doctors believe that the drugs are not what

they are; they are spreading the false information that their mixtures are not depressant or toxic, while they are decidedly both, and while the phenalgin people are at least honest enuf—I give them credit for that—to advertise to the doctors only, the antikamnia people are boldly and brazenly going to the laity and degenerating the hearts of the people with their cardiac poison. For these and other reasons, I say that the physician is untrue to the interest of his patient and of his profession if he prescribes the above and similar preparations.

Antiphlogistine.—Would I if occasion presented itself prescribe this preparation? Decidedly yes, and when in general practice I did frequently prescribe it. Why not? It is a preparation for external use; we know its composition, and it is quite an original product. But, somebody might interpose here; there is a preparation official in the Pharmacopeia under the name Cataplasma Kaolini; why not prescribe that? Why should we? The formula is *not* original with the Pharmacopeial Committee; on the contrary, the committee "loaned" it or took it from the Antiphlogistine manufacturers. And, besides, does the retail druggist prepare this preparation himself? No. He has not the facilities for it. He buys it from some supply house. And so by our prescribing Cataplasma Kaolini we take out some money from the pockets of the Antiphlogistine people and put it into the pockets of some unknown supply house, whose product may not be as good as the original. The originators have been injured, the imitators have been encouraged. And I believe that originators of a meritorious product should derive the full benefit of their labors and ingenuity. The product is either meritorious or it is worthless. If worthless, we should, of course, have nothing to do with it. But if meritorious, why should not the originators, rather than the imitators, reap the benefit?

Is fair play to be entirely discarded when dealing with manufacturers of medicinal preparations?

Here is another example of an entirely different type. Urotropin. This is one of our most valuable drugs in genitourinary diseases. It was a distinctly new drug when introduced by its manufacturers, and they and Prof. Nicholaier have rendered a real service to suffering humanity and why should they not derive the pecuniary benefit? Of course, we all know that the drug is chemically hexamethylene tetramine, which has been made official in the Pharmacopeia under the foolish name, hexamethylenamina. I am not at all sure that every nondescript brand is as pure as urotropin, and as the patient has to pay the same price whether you write urotropin or hexamethylene tetramine, I for one in most cases prefer to write the former name.

We come now to another division. Should we specify the manufacturer in ordering pharmacopeial preparations and chem-

icals? As a rule in unimportant preparations, not. But in important preparations, where you think it is for the benefit of your patient, you should not have the slightest hesitation in appending the manufacturer's name. If you think that Squibb's ether, Schering's chloral, Merck's aconitine, Parke, Davis's adrenalin, Fairchild's pepsin are the best preparations of their kind, you should so specify and insist upon getting them. Do not for a moment think that the products of all manufacturers are exactly alike, and if you do not specify, you will be pretty sure to get the cheapest product, and what is the cheapest is generally the worst. And you cannot afford, you have no right to sacrifice your patient in order that somebody may make a few more cents profit.

Now to the last division. Should we ever prescribe a preparation advertised to the laity? At the outset let me state that a preparation advertised to physicians exclusively may be a million times more of a fake than a preparation advertised to the laity. I have before me Calicolo or Butler's Positive Cure for Consumption. This is a fake, pure and simple, because its composition is unknown; the manufacturers will not say—refuse absolutely to say—what it is, and the physician who has anything to do with it is a blasted fool, and I am not so sure that he is also not a criminal. But let us per contra take a preparation advertised to the laity—Scott's emulsion. There is nothing secret about it; it is a good emulsion of cod liver oil. Of course, every good druggist can prepare as good an emulsion. But if you are in a God-forsaken corner, where there is no competent druggist, and you think your patient needs an emulsion of cod liver oil, there is nothing reprehensible in your prescribing the above-mentioned preparation. I have myself seen such miserably looking and nastily tasting emulsions of cod liver oil, that I was sorely tempted to tell the patients to take the proprietary preparation. (Of course, to the cod liver oil emulsions that are advertised to the profession only, like Hydroleine, there can be no objection whatsoever.)

Santal Midy.—These well-known capsules contain a most excellent quality of oil of santal, but are unfortunately advertised to the laity. I believe in oil of santal in urethritis, but again unfortunately much of the oil in the drug stores is worthless. What are we to do? Here again, as always, I put the patient's interest in the first place. If I am sure to get an excellent quality of oil, I prescribe it. If I cannot be so sure I prescribe Santal Midy capsles, to the intense amazement and not unnatural disgust of my good friend, the druggist.

Duffy's Malt Whiskey.—An agent asked me if I would admit Duffy's Malt Whiskey into the advertising pages of the CRITIC AND GUIDE. I told him not for a thousand dollars a page. He

asked why. "It isn't a secret remedy. It is plain whiskey, and everybody knows it." Perhaps. But, nevertheless, this is one of the worst fakes in the world. By their lying, fraudulent claims the manufacturers endeavor to create drunkards, their advertisements are tissues of lies and falsehoods, and are disgusting in the extreme. And how a medical journal can so lower itself as to admit that arrant fraud into its pages is utterly beyond my comprehension. My cheeks blush scarlet when I see that advertisement in an otherwise respectable medical journal, and I feel like kicking that journal into the gaping mouth of my hospitable waste basket. And I would rather not say what I think of a physician—there are such—who prescribes Duffy's Malt Whiskey, because the language might be too unparliamentary either for utterance or for print.

A few words on our National Standard, the Pharmacopeia. Some would-be leaders tell us: Here you have the Pharmacopeia; prescribe nothing outside of it. Well, the Pharmacopeia is an excellent book, but let us not make a fetish of it, before which we must pray on bended knees and of which we must speak only with eyes uplifted to heaven. The physician who says he never prescribes anything that is not in the Pharmacopeia is simply a fool or a brother of Ananias—or he is unworthy to practice medicine. That the Pharmacopeia is not, and never can be a perfect book is clearly seen from the fact that every edition dismisses or throws out a couple hundred preparations and takes in a couple hundred new ones. What does this mean? It means—and the meaning is as clear as day—that every pharmacopeia contains a large number of useless, worthless preparations (if they were not useless they would not be thrown out) and *does not contain* a large number of preparations which are valuable. A few illustrative examples. Dr. Koller discovered the local anesthetic action of cocaine of 1884. It was in 1894—ten years later—that the drug became official. Should we have refused to use cocaine all those years? Aconitine, antipyrin, colchicine, guaiacol, urotropin or hexamethylene tetramine, phenacetin or acet-phenetidin have just become official four months ago. Should we have refused to employ those valuable therapeutic agents all those years until we were given permission four months ago? Another example. For some inscrutable, unexplainable reason, one of the most valuable salts of mercury, in fact the very best salt for intramuscular injections is not official. I refer to the salicylate of mercury. Should we on that account refuse to employ that salt on our patients? That would be not merely idiotic, it would be criminal. The same is true of many proprietary remedies. Adrenalin, heroin, ichthyol are not official. Is there a sane physician who would on that account refuse to use those drugs in cases in which he considered them indicated?

We come to the poor druggist. Nobody has more sympathy with the overworked and underpaid knight of the pestle than your obedient servant. He knows what misery it is to have to order every proprietary of which the glib-tongued drummer has left a sample with the neighboring physicians, to dispense once or twice and then have the balance left on the shelves to the end of eternity. And he knows what an immense variety of preparations it is necessary to keep in stock in order to be in a position to fill the prescriptions of the physicians who are on the hunt for novelties. What is the remedy? The remedy for this evil, as for all other evils, is education. So soon as the physician gets a deeper insight into the pharmacologic action of drugs, he will limit his prescribing to well established drugs and chemicals and to proprietaries which signify a real advance in the art and science of therapeutics. In the meantime is the druggist justified in practicing substitution? Never, never, never! Not only in important drugs and preparations, but even in the mixtures I attack, substitution is not permissible for many reasons. We must educate the physician not to prescribe any nostrums and fake mixtures, but the druggist must not take upon himself the responsibility of being the judge as to what preparation is right or wrong. Prescribing nostrums is wrong, but substitution is still a greater wrong, and a lesser wrong is never righted by a greater wrong. Of course, nobody will ever justify substitution except an occasional druggist. But it is remarkable that that very same druggist begins to declaim against substitution most loudly as soon as he happens to put out on the market a proprietary preparation of his own.

I would summarize my paper in the following paragraphs:

1. The agitation against the nostrum traffic is to be welcomed by all intelligent and honest physicians.

2. A physician has no right to prescribe a preparation of the composition of which he is ignorant. He is degrading himself, he is blocking the progress of therapeutics, he may injure his patient.

3. In the present agitation against the proprietaries, we see unfortunately a good deal of hysteria, ignorance, cant and hypocrisy, and there is great danger that the entire movement may be side-tracked and distorted.

4. As I do not believe in the wholesale denunciation of anything, be it a race, a nation, a class, a profession, so I do not believe in the wholesale denunciation of proprietary remedies. It is our sacred duty to discriminate, to separate the wheat from the chaff, the worthy useful remedies from the worthless trash. Wholesale denunciation is worse than useless.

5. The physician who says he never prescribes anything not in the Pharmacopeia most probably does not tell the truth; if there

is such a specimen, he deserves to be preserved in formaldehyde as a curiosity, and he ought to have it impressed on his mind that far from being an ethical physician, he is a very unethical one, because he does not give his patient the benefits of the latest researches in materia medica and therapeutics.

That's all.

If I have failed to make myself clear on any point, if I have committed, in the opinion of my hearers, any errors of omission or commission, I stand ready to explain, to discuss, to clear up. If I have shown a lack of knowledge, I shall be glad to be enlightened by those who know more about the subject than I do.

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## THE PHYSICIAN'S POINT OF VIEW.

**By Dr. Heinrich Stern.**

Dr. Heinrich Stern spoke on the same subject. He reproached the Council of the American Medical Association with having adopted an extreme, untenable attitude and he emphasized the fact that there was not a single *practicing* physician on the Council, and therefore the latter did not understand the everyday needs of the average practitioner, who does not care for theories but is anxious to relieve and cure his patients. He said there was a positive need for many of the proprietaries and he denied that they could always be replaced by Pharmacopeial preparations or by extemporaneous prescriptions made up by the druggist. As an example he instanced Philipp's Milk of Magnesia. He asked many druggists to make it up for him, but in each case there was, on the next day, a precipitate as hard as stone, so that he had to go back to the proprietary preparation.

The statement that the American physician used proprietary preparations because he was ignorant he characterized as false. The German physician, he said, was supposed to possess the highest medical education and more proprietary preparations were used in Germany than in the United States. He showed to the audience a recent issue of the *Therapie der Gegenwart,* which contained 236 advertisements of proprietary preparations. If the German physicians did not use proprietaries, they would not be so extensively advertised in the medical journals. And what is more, he said, if a physician in Germany gets good results from a proprietary, he is not afraid to report his experience, and the highest class journals do not refuse such articles. The conditions are different in this country. Here the physicians do not print their results for fear of being accused of venal motives. He himself, for instance, had made a study of Fairchild's trypsin, found excellent results, but decided not to publish his findings for the same reason. He thought the condition of things in this country was deplorable in this respect, and it was time a change took place.

[Contributed to the Critic and Guide.]

## The Standpoint of the Manufacturer of "Special" Pharmeceutical Preparations.

By Frédéric S. Mason, Member of the Pharm. Society of Great Britain, B. Sc. (France)

I address this meeting with some hesitation, because I am connected with the manufacture of "special" preparations, and I am liable to express opinions which are not likely to find favor amongst you. Perhaps, however, I may claim some indulgence when I say that I am also a pharmacist and have long been in contact with physicians in such capacity in Europe, where the relations between the physician and pharmacist are more cordial than in this country.

From actual experience in Paris, I am able to affirm that the very best professional men consult the pharmacist on new remedies, posology and especially on convenient methods of formulating and are guided by their advice, looking to the pharmacist as an authority on such matters. How rarely this confidence is shown here we all know. In Europe the physician and pharmacist do not compete with each other, for each is a specialist in his sphere and jealousy is eliminated, since the physician is prohibited by law to dispense, while the pharmacist does not counterprescribe.

Specialization in pharmaceutical manufacturing is just as legitimate as in medicine or surgery. "Neither wise men or fools work *well* without *proper* tools," and in saying this I do not depreciate the skill of my confrères, the pharmacists, or their ability to make good preparations, but they will agree with me that some proprietary preparations are valuable, for which they have neither the time, the experience or the manufacturing facilities; hence the physician is justified in using such remedies which under the signature of a reputable firm or a trade-marked name, have proved reliable and better than extemporary substitutes.

This is so fully recognized abroad that a majority of continental prescriptions call for proprietary remedies which have acquired a reputation for excellence, and we find such specialization amongst a number of small dispensing retail pharmacists and not alone amongst the large manufacturers. In reply to this, it may be opposed that there are firms whose mission is the substitution or imitation of proprietary remedies, equally competent and possessed of the capital, brains and apparatus for the purpose of so doing, but altho ethical preparations bear the formula (qualitative and quantitative), and an analysis will determine the accuracy of such alleged formulae, manufacturers generally have some "tour de main," some pharmaceutical "trick," if I may so express it, which has warranted the investment of money and which is acquired only by special knowledge and experience. Besides,

what advantage has the physician in using a so-called less expensive substitute, as compared to the original preparation, when the question of competition enters and no reputation to sustain exists, and finally when there is no money economy to the patient? It is often a matter of surprise to me that business people such as the manufacturers referred to, find it pays to use the time of their staff in pushing substitutes instead of originating something of merit. I know one largely prescribed preparation, whch is imitated by more than twenty firms, who have, in order to make the product, been obliged to procure special apparatus, and competition is such that the price is reduced to very near the cost of production, and yet in the aggregate, I do not believe that they sell as much as the original preparation, in spite of the fact that unless original packages are ordered by the physician, the substitute is dispensed, as it cannot easily be detected.

A speciality or proprietary which can be easily compounded or manufactured by any competent pharmacist, has no reason to exist, and indeed few of them do, whatever you may think to the contrary. A special preparation must have a *raison d'etre,* and manufacturers are generally too shrewd business men to invest money in promoting the sale of anything which is easily identically reproduced. I have been intimately connected with the manufacturing of special pharmaceuticals for the last twenty-five years and think I am correct in saying that it would be difficult to find any new remedy or preparation which attained popularity with the medical profession, which has not had behind it the brains and capital of manufacturers.

Going back as far as 1820, I would give as an example, one of our most popular drugs, "quinine," first isolated by Pelletier, who founded the firm with which I am connected. To-day, one can hardly conceive it possible that this drug would not have found its place in the treatment of disease alone and unaided, nevertheless it was the financial interest behind it which brought it quickly to the front rank. Otherwise, it might have remained a chemical curiosity for years before attaining the position it holds to-day.

My pharmaceutical friends probably know of some scores of valuable new remedies which have been introduced by isolated members of the profession, but which having no powerful commercial interest behind, have been relegated to the shelves of museums and the experiments made with them forgotten, because there was no way of holding the business created.

Our knowledge of the newer drugs is largely dependent upon the stimulus of commercial gain.

Most of the discoveries of new agents, either new chemicals or elegant preparations of old ones, have been the result of much patient and expensive research, and very few physicians have the

knowledge, taste or time for such research work. The labor consequently devolves upon first the scientific chemist and pharmacist, then the biologist, who finds the drug's exact physiologic properties by experiments on animals, and lastly the clinician, who determines its application in healthy and diseased human beings, thus leading up to precise knowledge of its physiologic properties, dangers, possibilities and posology.

The difficulties encountered in undertaking such a task are immense, every possible means being used to prevent the obtaining of official clinical evidence, for the dread of being "suspected" and losing caste is so great, that no physician of any standing will undertake such work, much less endorse whatever results are obtained, whether favorable or not (especially if favorable). German therapeutic experts do not encounter these prejudices; commercialism is favored by therapeutic authorities willing to lend not only their time, but also their names to the products of German dye-stuff manufacturers, who have discovered new synthetic by-products in their laboratories.

We can recall a number of these German synthetics which have proved failures and dangerous, but which, owing to the detailed clinical reports of Teutonic professors, have gone the rounds of the medical journals and secured gratuitous reading notices.

In France there are still a few eminent therapeutists like A. Robin, Houchard, Chantemesse, Bardet, et al., who have the courage to undertake these researches, but in England and the United States he is brave indeed who dares to mention any but a new German drug.

In the manufacture of chemicals and pharmaceutical special preparations, with the constant advances that are made from every standpoint and with the critical discrimination to which we are increasingly submitted, the unethical, the inferior, the objectionable will be gradually eliminated.

We are all familiar with the fact of the formation of a Council on Chemistry and Pharmacy by the American Medical Association, which has set itself the task of eliminating the ethical from the unethical and incorporating the former in a book of "New and Unofficial Remedies."

The American Medical Associaation has very rightly expressed the opinion that it is equally derogatory to the professional character for physicians to dispense or promote the use of secret remedies, but its Council on Chemistry and Pharmacy is going too far and is making perhaps rather excessive demands on manufacturers, since the latter are required to sanction the application of synonymous Latin names to their products. which would be liable to confuse physicians; and besides such synonymous pseudo-scientific nomenclature applied to proprietary remedies

would thus become semi-official and it is unlikely that manufacturers of even the most ethical therapeutic agents will acquiesce in these arbitrary and exaggerated requirements of the Council, who in their zeal to put down the sale of secret nostrums are liable to discourage honest manufacturers who have given their time, money and energy to help the physician in the production of some of the best modern therapeutic agents and who naturally consider that they have some claim to furnish the products on which they stake their reputation. Therefore, to accept without protest, synonymous pseudo-scientific Latin names, would be an injustice to themselves as well as the medical profession.

I sympathize with the doctor in his difficulty to differentiate the ethical from the unethical amongst the immense number of new therapeutic agents which we bring to his notice, but it would appear to me to be a mistake to follow the Council on Chemistry and Pharmacy in prescribing proprietary preparations under proposed synonymous titles for those given by the makers of special preparations who have selected distinctive names to the best of their judgment. Those chemicals which can be patented have protection, since even if prescribed under synonymous terms, they cannot be supplied except by those holding the patent, but in the case of special preparations which require equal skill, experience and special appliances, the only protection the manufacturer and the physician have against substitution is the trade name.

The present situation for the best of the manufacturers is thus in a measure perplexing and indeed unjust. Doubtless abuses of the good faith of physicians have been committed, but care should be taken in this crusade for crushing the unethical that the work and the business of those who conform to ethical rules be not hampered and above all not unjustly prejudiced. I believe that the profession generally are not in sympathy with extreme views, since we all recognize that the manufacturer has certain rights which cannot be ignored.

Within the last ten years great progress on ethical lines has been made by manufacturers of special preparations prescribed by physicians, as can be seen by comparison of the advertisements in the medical journals, for the best of us now give the exact composition, altho we may not fully explain the *modus operandi* of the manufacture of our products, which is of no importance to the physician, and is the business asset of the manufacturer which he is not willing to abandon since he considers this his right. You are all familiar with the detail man and the samples which come by mail and other methods of reaching the physician, but few of you probably realize how often the manufacturer is unsuccessful in these efforts, altho most of you imagine we make huge profits. I am in a position to say from actual knowledge of the inside of many manufacturing houses that this is much ex-

aggerated even in cases where millions are supposed to have been made, and I venture to say that the lucky ones who succeed would have much greater profits on their investment in any other commercial venture. You must all recognize that the attempt to introduce new remedies cheaply is impossible to-day, and I do not know of a single case of a proprietary remedy for physicians' use, which has become profitable in less than five years, and many largely prescribed by physicians are not so after even ten years.

Preparations which do not succeed must not always be blamed on the manufacturer; those which succeed the best are not often the ethical and scientific, and I could give several examples of valuable remedies which have been commercial failures owing to the manufacturer overestimating the intelligence or desire to learn of the rank and file of physicians.

I will not discuss here the views of the therapeutic nihilist, for discussion as to the possibility of using a smaller variety of drugs is out of place, but certainly a number of empirical formulae could be dropped from our pharmacopeias, many of which have only a hoary reputation founded on the opinions of our ancestors to recommend them. New remedies only obtain official recognition long after those who have made them popular have done the work and to curtail progress on these lines by discouraging new remedies would be absurd.

The claim that the physician becomes, in the phrase dear to the Journal of the American Medical Association, the "unpaid peddler" of the manufacturer is often advanced, but physicians should not lose sight of the fact that the patient does not want to know simply what remedy to use for his troubles. He consults his physician just as he does his lawyer, on some special condition of the present. He wants a diagnosis of his case and advice on diet, and if necessary to get a prescription to suit the *present* condition, and the remedy is only intended (just as the diet and other details) for the present. One might just as well object that because the physician recommends a voyage and certain kinds of food, that the patient will forever after follow this advice. If the patient is such a fool as to continue to take bicarbonate of soda, bromides or a proprietary remedy because his doctor once recommended them, it is his own lookout. I think patients begin to understand that self-medication is a mistake and that they rarely consult a physician just to know once and for all what medicine to take, for the prescription is only a small part of the duty of the medical adviser.

The patient is just as likely to say "Dr. So-and-So recommended me to take quinine the last time I had chills and fever" as he would if the doctor had ordered some special proprietary remedy in which he had confidence and believed to be better than what he could prerscribe extemporaneously.

I am opposed to the sale of dangerous remedies and self-medication generally, but we should also remember that the public of the United States has been educated by the newspapers to use drugs which are not necessarily harmful and which it would be extremely difficult to prevent, and I do not think that we, any of us, desire to see conditions obtain here as in Germany, where, in order to get the simplest remedy, it is necessary to consult a physician and obtain a prescription.

In speaking of manufacturers of proprietary remedies, I wish it distinctly understood that I am referring to manufacturers of pure chemicals used in medicine and of special preparations sold exclusively on physician's prescriptions and of which the composition and quantities are made known to the physician and pharmacist.

I wish to say a word here with regard to the dispensing of remedies by physicians themselves, for this condition appears to me to be a deplorable one. While it may be necessary for the prescriber to dispense his own drugs sometimes, the habit is a retrograde one. It was abandoned in Europe and in this country long ago, but the question is again becoming a burning one in certain sections. Some physicians claim it is an advantage to dispense rather than prescribe, in order to prevent substitution by the unscrupulous pharmacist and also to keep the public from refilling prescriptions without again consulting them.

Are physicians, however, justified in considering the average pharmacist unreliable and unscrupulous? Is not the medical profession largely responsible for the pharmacist of the United States occupying the low position that he does to-day? Has not the qualified pharmacist been forced by the growing habit of physicians self-dispensing, to give the greater part of his attention to selling cigars, soda water, tooth brushes and everything but his legitimate calling of filling prescriptions?

I think I do not exaggerate when I say that the average business of the pharmacist is not represented by more than one-fifth of legitimate prescription-filling, and it always strikes me as unfair to the patient as well as to the pharmacist that the physician should give the medicine himself.

To the patient, because where medicine and advice come under one fee the commercial question of cost touches the doctor, who cannot afford to give anything but stock pills, tablets and fluid extracts ready made, as inexpensive as possible, and thus the patient gets not always what his cases require, but what the doctor has in stock and certainly not the products of the manufacturers of special or modern remedies. The patient has a right to the best, which the physician who gives advice and medicine for one fee can hardly afford to give.

In conclusion, these few somewhat disconnected remarks will, I trust, be received with indulgence, for they are given with the hope that the physician, the dentist, the dispensing pharmacist and the manufacturing chemist, will all see that they have mutual interests and can find a common ground of sympathy in discussion.

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## The Manufacturer's Point of View.

By B. T. Fairchild

[Author's abstract, contributed to the Critic and Guide.]

Mr. Fairchild said he had been pleased to come in response to the invitation to take part in the discussion of the evening, but that he was not prepared with any formal paper or remarks for the occasion. He expressed his belief that the agitation by the public press given to the subject under discussion could not fail to be of ultimate advantage to the public. Nothing was more desirable than the exposure and condemnation of "fake" medicines and "fake" testimonials.

As for the movement undertaken by the A. M. A., whilst there was much in relation to the various details outlined that was regarded as impracticable, and indeed apart from the main and vital object sought, it seemed to him that the Association had shown a disposition to adjust these regulations by conference with the manufacturers and consideration of the conditions which they (the manufacturers) had peculiarly to deal with and meet to the best of their judgment.

He spoke of the inevitable extreme views and purposes accompanying agitation of every kind of reform—of reaction against abuses, etc. From the standpoint of the manufacturing chemist and pharmacist and the evolution by which this field of work had become a distinct department, he said that progress in this field had simply been in line with that in every department of applied science—in the arts and industries—and that the progress in pharmacy compared favorably with that achieved in other fields in these modern days. Indeed it was only by progress in many other directions of applied science that much of the progress in manufacturing chemistry had been possible; this had been accompanied, in fact, by the development of practically a new industry—the invention and manufacture of pharmaceutical machinery. He expressed the conviction that on these lines the specialization of the manufacturer was inevitable and clearly fixed and of ever-beneficent possibilities.

He spoke briefly of the problems of the manufacturer—the utilizing in applied science every development promising progress and value in practical medicine; the labor, the research, the experiment, the insight and judgment to be exercised, and the practical problem of finally placing products on the world's

market in a reliable, standardised and everywhere available form. There were certain phases of the present agitation that he referred to, viz., the indiscriminate and unfounded abuse and the prejudice sought to be created against trade-marks and the patented process and product. It seemed to him a very significant fact that this immense progress and achievement in what is commonly spoken of as manufacturing chemistry had all over the world been accomplished by people who had found it necessary in the practical conduct of their affairs to adopt the trade-mark. And he spoke of the reasons which made this inevitable and of benefit to every interest concerned, including in the last analysis the patient himself, and no possible injury could result from the trade-mark to anybody.

Especially was this so in view of the obvious and well-known disadvantages and abuses which could only be in any degree satisfactorily dealt with by this identification of the product by a trade-mark—this from a legal and every other standpoint. Likewise he saw no reason why, in this department of work invention should not be stimulated and encouraged and the inventor protected as well as in every other direction of applied science.

He also spoke of the idea which was so often advanced in the discussion of the subject of non-official and new products that there was some particular obligation or virtue in prescribing only pharmacopeial products. This involved an entire misconception and a misplacing of the whole province of the pharmacopeia itself; since, for instance, the pharmacopeia was issued only at long intervals and new preparations adopted simply after they had acquired such use and such recognition in general as to make their inclusion in the pharmacopeia desirable, it was perfectly evident, that unless new preparations were prescribed and used, they would never be incorporated in the Pharmacopeia.

## The Treatment of Sexual Weakness and Other Sexual Disorders in Man and Woman.

**Informal Chats With the General Practitioner.**

In considering this vast and important subject, we shall devote little or no space to the extreme rarities and curiosities in the field of sexual abnormalities. Such conditions as sexual perversion, double penis, hermaphroditism, etc., may be interesting, but their consideration is a waste of time, as the general practitioner, or even the specialist, will most probably not see a case during his whole lifetime. The sexual disorders we want to study are those which afflict thousands and thousands in our midst, those which we are called upon to treat every day. From this point of view we will treat the sexual disorders under the following classification:

Pollutions, which are divided into Nocturnal and Diurnal.
Spermatorrhea, which is divided into True and False.
Premature Emission.
Non-emission.
Impotence—Impotentia Coeundi.
Sterility—Impotentia Procreandi.

And only at the very end will we consider

Masturbation.

It will be readily understood that each of the above divisions does not form a distinct pathologic entity. On the contrary, several of the conditions are closely interwoven and intertwined, so that it is difficult to determine occasionally where the one ends and the other begins. Nevertheless it will be convenient to consider them under separate heads.

### NOCTURNAL POLLUTIONS (WET DREAMS).

It is not necessary in speaking to an audience of physicians or even intelligent laymen to emphasize the fact that pollutions, within certain limits, are strictly physiologic. In fact, in a normal man, living a continent life, the total absence of pollutions would be *abnormal.* There is only one exception to this statement; men engrossed in an all-absorbing mental task may, even while living a continent life, go for months and years without an emission. In such cases the testicles actually seem to cease functionating, temporarily. There is a very intimate relationship between the brain and the testes, and when one organ is working excessively, the other is taking a rest. And well that is so; as otherwise the candle would be burned at both ends. But when repeated too frequently, nocturnal pollutions become pathologic.

What is meant by "too frequently?" I am often asked to give a categoric answer to the question: When do pollutions cease to be physiologic and become pathologic? Well, categoric answers are not in place in medicine; there are too many "ifs" and "provideds" and too many modifying circumstances and too many exceptions. Every individual is, *to a certain extent,* a law unto himself, and of no sphere is it so true as of the sexual. What is perfectly physiologic and even necessary to one individual may be debilitating, mentally and physically exhausting and in general extremely injurious to another individual. But, still, leaving out the exceptions at either end, and taking the average of humanity, I would say that as long as pollutions are, in an individual leading a continent life, not more frequent than once a week, they need give rise to no alarm. If they occur twice a week they are on the borderland and may in the majority of cases be considered distinctly pathologic, while if they occur more than twice a week I consider them distinctly pathologic, and this without exception, even in the strongest man, and even if he complains of no unpleasant symptoms whatsoever. For

there is then danger of a *pollution-habit* being established—a habit sometimes quite hard to break—with consequent impairment of *libido sexualis* and *potentia coeundi.* Another infallible sypmtom is this: as soon as the pollutions begin to take place without any erotic sensations, without the patient being conscious of their occurrence, they are decidedly pathologic and demand vigorous treatment.

ETIOLOGY. What is the cause of too frequent night emissions? The cause of normally frequent emissions needs no elucidation. The testicles are generating a fluid which accumulates in the seminal vesicles. As soon as they become overdistended, the fluid must find an exit.

Among the causes of the pathologic emissions, I consider the following as definitely established:

Masturbation (excessive in youth), general irritability of the nervous system, a lingering, non-fully cured posterior urethritis (and the further posteriorly the inflammation is situated, the more frequent the emissions), chronic inflammation of the canaliculus seminalis and patulousness of the ejaculatory ducts, prostatitis, fissure of the anus, eczema and pruritus of anus and scrotum, and last but not least, bed-wetting in childhood.

I wish to devote some space to the last point, and if I succeed in impressing upon you its great importance, to-day's chat will not have been chatted in vain. When I put bed-wetting or nocturnal incontinence of urine among the *etiologic* factors of pollutions, I didn't exactly mean it. I did not mean to say that bed-wetting causes pollution in after life. What I do mean to say, however, and say emphatically, is, that incontinence of urine and pollutions are closely connected and are often the expression of the same primary condition—a motor neurosis, an atony of the genito-urinary tract. I have been struck by the frequency with which subjects of nocturnal and diurnal pollutions, spermatorrhea, premature ejaculation and impotence acknowledge to have suffered with bed-wetting in childhood. So much so that I thought I made quite a discovery, and was going to announce it in the medical press. But on searching thru cognate literature I found that Trousseau had noticed the connection many, many years ago. And so I failed to become a discoverer. I guess many of the recent discoveries were discovered long ago, only the discoverers don't know it.

The relationship between incontinence of urine in childhood, and sexual weakness in later life is not merely of academic interest; it has a deep practical significance, and its lesson is that every case of incontinence in a boy should be treated persistently until the boy is cured. By neglecting incontinence you may be marring the whole future life of an innocent individual. Urinary incontinence is a signal that the boy's genito-urinary apparatus is not in perfect order, and it is a sin not to heed the signal.

TREATMENT. The treatment of nocturnal pollutions will be given in full detail, after diurnal pollutions and spermatorrhea have been discussed, as the treatment of the three conditions is essentially the same, differing only in minor points. The difference is one of degree and not of kind.

# Abstracts & Selections.

## The Acquisition of Syphilis by Physicians.

While innocently acquired syphilis is not unusual, physicians are particularly liable to infection on account of the character of their work and the carelessness which is born of familiarity with the disease. A number of cases of the infection of doctors when engaged in their professional work has recently been reported in various journals. The consideration of these cases is exceedingly interesting as showing the means by which such infection has been acquired:

(1) A physician performed a circumcision and while so doing wounded his fore-arm. Sixteen days later a black scab covered the wound and the glands became enlarged and later the roseola appeared. (2) A physician amputating a breast of a patient supposed to be suffering from cancer wounded his finger under the nail. Two weeks later there was evidence of infection, followed by severe headaches and the roseola appearing six weeks after the operation. (3) A physician was bitten by a parrot three days before delivering a woman. The wounded finger was carefully dressed with collodion and cotton. Fifty-six days after the accouchment there was an ulcer of the finger at point of wound, but no enlargement of the epitrochlear glands. Lymphangitis ensued the next day. Not until thirty days later was definite diagnosis of syphilis made. (4) A medical student examined a woman suffering from syphilis. He acquired an initial lesion on the web between the index and middle finger. (5) A physician who had attended a syphilitic patient two months before, presented signs of syphilis and the scar of an initial lesion on the fore-arm. He could not give the details of the infection. (6) A physician acquired a chancre of the lower lip by examining and handling the initial lesion of a patient and then touching his finger carelessly to a "cold sore" on his lip. (7) A physician suffered from a swollen finger a month after treating a case of phimosis. There was no glandular enlargement. The swelling broke down and an ulcer formed. The reseola appeared later. (8) A physician acquired syphilis from a cut of the finger caused by a strand of cat-gut while performing an operation upon a patient he had not suspected as being syphilitic. (9) A phy-

sician delivered a woman of a syphilitic child and two months later developed an ulcer of the finger. The roseola and glandular enlargement soon made their appearance.

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## Proprietary Remedies.

At a meeting of one of the sections of the American Medical Association in Portland, last July, Dr. Frank Billings of Chicago presented a communication, entitled, "The Secret Nostrum Evil," recently published in a number of the State journals, in which he warns against the "menace to the welfare of the people and to the best interests of scientific medicine" contained in the flood of patent medicines and proprietary remedies now offered to the profession. He distinguishes between the patented remedies and those protected by a copyright or trademark. Concerning the former he says: "These preparations are ethical, in that they are not secret, for any one for a small fee may obtain from the patent office of the government a copy of the description of the process of manufacture and the actual chemical composition of any such patented drug or remedy." Of the copyright proprietary remedies he says: "Medicines so prepared that the busy physician could easily dispense them found a certain class of doctors eager to use them. The indications for use appeared on the label or in the accompanying literature. Tonics, blood and tissue builders, emenagogues (*sic*), pain relievers, febrifuges, laxatives, calculi dissolvers, soporifics, bile promoters, heart tonics, cures for Bright's disease, etc., have appeared in countless number, and some remedies offered are confidently presented as cures for not one but half a dozen diseases or symptoms complex."

There is an ethical distinction here without a difference. If the physician is chemist enough to understand the significance of the chemical symbols and the extremely technical details of manufacture of the patented drugs he surelv is competent to analyze any of the secret proprietary mixtures and so to determine for himself their composition. To the physician who is not a chemist one class of remedies is as secret as the other. The "literature" of the manufacturers of one kind is just as extravagant in its claims as—and no more so than—that of the other, and the condemnation of one class applies with equal force to the other. The indications for use appear in the "literature" of the patented drug as they do in that of the proprietary remedy. For example, the difference in the matter of "ethics" between a well-advertised intestinal antiseptic and a certain popular proprietary tonic is as that 'twixt tweedledum and tweedledee. In each case the proof of the pudding is in the eating, and the average physician has no more definite guarantee of the therapeutic value of the one than he has of that of the other; in each case

he has to rely upon the "literature" and his own experience. If he follows Dr. Billings' advice to adhere to the pharmacopeial preparation he will discard both, though the tonic, if the manufacturer had the wisdom to publish its formula, would probably be found to be compounded of pharmacopeial drugs, while the other is not yet of the *élite*.

Of the objection to some of these remedies Dr. Billings says little that is new and much that is true, but the force of his argument is weakened by a lack of judicial calm. He condemns absolutely all mixtures of any sort, of known or unknown composition, and urges their rejection by the physician and the substitution for them of extemporaneous prescriptions. The grounds upon which this rejection of ready compounded mixtures is based are that their composition is unknown, or if the ingredients are published there is no guarantee that the manufacturer is telling the truth, and finally that no ready-made mixture is suitable for every case of any disease. Regarding most of these objections there can be but one opinion. The physician wishes to know what drugs he prescribes and the proportions of each in the given dose of the mixture, and he should use his own judgment concerning the indications in each case, for it is a trite saying that the patient should be treated, not the disease.

The objection, which Billings makes by indirection, that the physician cannot rely upon the statements of the manufacturer regarding the composition of his remedies is one of too general application to be tenable, and applies with at least equal force to the use of extemporaneous formulas. The physician must trust somebody, for he cannot gather his own simples and stew them into nauseous draughts. If he cannot rely upon the word of the reputable manufacturing chemist regarding the composition of his product, no more can he put confidence in the integrity of the individual pharmacist. The sin of substitution is one of which much has been said, and that it exists there can be no doubt; but the culprit is as often the retail druggist as the wholesale manufacturer. In prescribing many drugs, such as the alkaloids, the physician—we venture to say even the writer of the article from which we have quoted—often calls for tablets rather than extemporaneous solutions, and not infrequently purchases them in quantity in the original packages of the manufacturer. He trusts this manufacturer to prepare him a tablet containing a definite quantity of morphine and atropine, yet he is asked not to accept the word of the same manufacturer in the case of some other mixture purporting to contain certain less powerful drugs. This is an inconsistency that renders the argument ridiculous.

That what Dr. Billings tautologically calls "the secret nostrum evil" exists we would not deny, but the remedy is simple and does not call for philippics or hysterical condemnation of every non-pharmacopeial preparation. Physicians are not children, who

## The C. & G. is liked Pretty Well

**From This Morning's Mail Bag.**

Editor CRITIC AND GUIDE:

I fully endorse your condemnation of the outrageous and fraudulent advertisements, disgraceful to our name and nation. Every appeal to post office inspectors should be made and encouraged to check the inundation of lies. I wish you grand success in your work. Your letter to *Wilshire's Magazine* is excellent.

Holland, N. Y. DR. C. COLEGROVE,

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Dear Dr. Robinson:

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Dear Sir:

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Editor CRITIC AND GUIDE:

Enclosed please find check for my renewal subscription to the CRITIC AND GUIDE. To read your attacks on the corrupt patent medicines acts as an invigorating tonic on my system every thirty days. Respectfully,

Elizabeth, N. J. F. A. ZUCKER, D.D.S.,

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No, dear Doctor; you are wrong. What would be a vast amount of trouble for each physician (to keep track of his own subscription), would be trifling for your circulation clerk. All needed would be a notice attached in some way to the last number, "Step up to the Captain's office," and then if he didn't he ought to be ashamed. I have no idea whether mine is due or not, but I shall run no chances, so enclose my dollar.

Suppose your fire insurance depended upon your recollection, how often it would run out; but your agent gives you notice a definite time before, and this gives you a chance to renew without a break. No, you are wrong, and you must take it back. Fraternally,

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Respectfully yours,

Amsterdam Ave. and 122d St. H. L. OXMAN,

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Just received and examined your journal and think it a most excellent thing. Enclosed find $1.00 for 1906. Fraternally yours,

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Dear Doctor:

Enclosed please find $2.00 for two years' subscription to the CRITIC AND GUIDE. I would like to see your journal have a large circulation in my State, for I believe it is doing great work. Wishing you continued success, Fraternally yours,

Anson, Texas. DR. R. R. SHAPARD,

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**Doctors Asking for Situations.**

Dear Dr. Robinson:

I enclose a clipping from this morning's Boston *Herald* Want Column, which I think shows the status of the legitimate practice of medicine in Boston, if not in other parts of the country. I can almost guarantee to find a dozen capable practitioners in Boston in the same predicament as the advertiser but who are holding out for a time, looking for a turn in the feeling of their patients in regard to bills. With best wishes for the CRITIC AND GUIDE, I am, Yours very truly,

Boston. DR. W. G.,

The clipping is as follows:

SITUATIONS WANTED—MALE.

A Physician (A.B., M.D., Reg. Mass.). Surfeited with gratitude and promise payments, wants legitimate work with cash as compensation; no graft, quack or book agent proposition considered; please particularize fully as to duties and pay. B 8268, Herald.

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Editor CRITIC AND GUIDE:

The following may be of interest to your readers. It is a case of strangulation from castor-oil capsules that nearly ended fatally. The victim was a young lady who had been in the habit of taking the capsules. One unaccountably stuck in her throat, and she ran into a room where were members of her family and fell to the floor, black in the face. A quick-witted member thrust his finger down her throat and broke the capsule before serious injury had resulted.

Yours truly, CHARLES ROBERTS.

# Book Reviews.

Lippincott's International Clinics are so uniformly good that it becomes monotonous to review them every three months.—not, however, to read them. A perusal of each and every volume cannot fail to be of benefit to the reader. Volume IV. of the fifteenth series is now before us. First in place and first in excellence is Dr. Gottheil's article on The Treatment of Psoriasis. The plate and the illustrations accompanying it are of a high order of excellence. Among the other articles of importance may be mentioned: The Therapeutic Value of Physiologic Saline Solution, The Treatment of Some Common Gastric Disorders, On the Internal Use of Carbolic Acid, Empyema, with a report of 30 cases, The Later Stages of Cirrhosis of the Liver by Sir Dyce Duckworth, The Thyroid Gland: Its Anomalies of Secretion, Their Manifestations and Treatment; Early Diagnosis of Peritonitis, Medical Treatment of the Menopause, by R. W. Wilcox, etc. Subscribe for the International Clinics, only $2 for the cloth-bound volume. (J. B. Lippincott Company, Philadelphia.)

Differential Diagnosis and Treatment of Disease. A text-book, for practitioners and advanced students. By Augustus Caillé, M.D., Professor of Diseases of Children, New York Post-Graduate Medical School and Hospital; Visiting Physician to the New York Post-Graduate and German Hospitals. With 228 illustrations in the text. D. Appleton & Co., New York. ($5.00, cloth.) Among the mass of the text-books of medicine which are so fearfully alike it is refreshing to find one which is quite different. The book is written for the family physician, and while several specialties are treated of they are treated from the standpoint of the general practitioner, from the standpoint of immediate applicability at the bedside. The *entire range of medicine* is comprised within the 850 pages of the well-printed volume. The chapter treating of the examination of the urine, feces, stomach contents, sputum, etc., is most excellent. The chapters on the genito-urinary system, on diseases of the skin, eye and ear, will be particularly welcome by the general practitioner. We are glad to see that the apothecaries' system of weights is used in the prescriptions; for, in spite of anything that may be said to the contrary, the apothecaries' system is the most convenient system for prescription work, and there is little likelihood that in this country at least it will ever be replaced by the metric system, no matter how "scientific" the latter may be. The illustrations are very good. We predict for this volume a most extensive sale.

Materia Medica, Pharmacy, and Therapeutics. Revised in accordance with new U. S. P. Including the Physiological Action of Drugs, Special Therapeutics of Disease, Official and Practical Pharmacy, Directions for Prescription Writing, Incompatibility, etc. By Sam'l O. L. Potter, M.A., M.D., M.R.C.P. (London), formerly Professor of the Practice of Medicine in Cooper Medical College, San Francisco, etc. Tenth edition. (Cloth, $5.00; leather, or half morocco, $6.00 net. P. Blakiston's Son & Co., Philadelphia.) Potter's Materia Medica and Therapeutics is too well known—pardon the stereotyped phrase, but there are stereotyped phrases which you cannot very well dispense with—to require extended notice. From the very first edition it has been a prime favorite both with students and with practitioners. It is practical from the first page to the last. Besides the valuable Introduction and Appendix, the work is divided into three principal parts: Part I.—Materia Medica and Therapeutics. This section includes very readable articles on toxins and antitoxins. Part II.—Pharmacy and Prescription Writing. Part III.—Special Therapeutics, an alphabetical list of diseases—a real index of diseases consisting of upwards of 300 pages, giving the drugs that have been found serviceable in each disease, and the authority recommending the use of each; a very important feature, giving an authoritative character to the book that is unusual in works on Therapeutics; it displays an immense amount of research on the part of the author. Six hundred prescriptions are given, many being over the names of eminent men. This section includes articles on Poisoning, Temperature in Disease, Clinical Examination of Urine. To conclude: Potter's is a good book to buy and a good book to consult frequently.

Christianity and Sex Problems. By Hugh Northcote, M.A. 257 pages. Cloth. $2.00 net. (F. A. Davis Company, publishers, 1914-16 Cherry street, Philadelphia, Pa.) We advise all earnest men and women interested in the study of problems of sex—and the number of such students seems to be increasing from day to day—to purchase Northcote's volume and peruse it carefully. It is a remarkably temperate exposition of the various sex problems, free from hysterical exaggerations and devoid of salaciousness. The headings of a few chapters will give a good idea of the scope of the work. Sexual Love, Sexuality in Childhood, The Battle of Chastity in the Adult, Neo-Malthusianism, Fornication, Spiritual Sexual Love, Modesty, Marriage, Divorce, Forbidden Degrees, The Sexual in Art, Sexual Perversions, are the titles of some of the most interesting chapters in this very interesting book.

A Laboratory Manual of Physiological Chemistry. By Elbert W. Rockwood, M.D., Ph.D., Professor of Chemistry and Toxicology and Head of the Department of Chemistry in the

University of Iowa, etc. Second edition, revised and enlarged. With one colored plate and three plates of microscopic preparations. 229 pages. Cloth. $1.00 net. (F. A. Davis Company, publishers, 1914 Cherry street, Philadelphia, Pa.) The author is perfectly correct in his statement that in no department of biology have there been more marked advances in recent years than in the branch of science referred to as physiologic or biologic chemistry. A new edition was therefore perfectly legitimate, and the author has utilized the occasion to incorporate all the latest advances. We have gone thru almost every page of the book and can—and do—recommend it as a clear and reliable guide to all laboratory workers in this fascinating branch of scientific medicine.

Nasal Sinus Surgery With Operations on Nose and Throat. By Beaman Douglass, M.D., Professor of Diseases of the Nose and Throat in the New York Post-Graduate Medical School and Hospital. Illustrated with 68 full-page half-tone and colored plates, including nearly 100 figures. 256 pages. Extra cloth. $2.50 net. (F. A. Davis Company, publishers, 1914-16 Cherry street, Philadelphia, Pa.) We are not a specialist on diseases of the nose and throat, but still we know a good book when we see it. The language is clear and concise and the numerous illustrations, which in a book of this character are of paramount importance, are of a high degree of excellence. The book contains a very complete table of contents, but no index.

The Physical Examination of Infants and Young Children. By Theron Wendell Kilmer, M.D. 59 half-tone engravings. 86 pages. 75 cents net. (F. A. Davis Company, publishers, 1914-16 Cherry street, Philadelphia, Pa.) This little booklet contains elementary directions for the examination of children. We should hardly think that the possessor of a medical diploma would be in need of such elementary directions, but the author tells us that most physicians display deplorable ignorance in this direction ;if this be so, the booklet may have a *raison d'être*. The illustrations, of which there is one almost on every page, are well executed.

Lectures on Auto-Intoxication in Disease, or Self-Poisoning of the Individual. By Ch. Bouchard, Professor of Pathology and Therapeutics; Member of the Academy of Medicine and Physician to the Hospitals, Paris. Translated, with a preface and new chapters added, by Thomas Oliver, M.A., M.D., F.R.C.P., Professor of Physiology, University of Durham. Second revised edition. 342 pages, extra cloth. ($2.00 net. F. A. Davis Company, Publishers, 1914 Cherry street, Philadelphia.) The importance of autotoxemia as an etiologic factor in disease is becoming daily more and more appreciated by the profession at large. Those who harped upon the importance of keeping the intestinal canal

clean were considered faddists and cranks, but the crank of yesterday is the prophet of to-morrow. We should like all those who believe that antiseptics are useless in typhoid fever, because we cannot kill all the bacilli, to read Prof. Bouchard's valuable book. The lectures on Production and Elimination of Poisons by the Organism, on Intestinal Antisepsis, on the Pathogenesis of Uremia and Intestinal Auto-intoxication, on Auto-intoxication by Bile, on the General Therapeutics of Self-Poisoning and on the Natural Defenses of the Organism Against Disease are particularly instructive and will bear careful perusal and study.

Gould's Biographic Clinics. Volume III. We had the pleasure of reading and reviewing in the pages of the CRITIC AND GUIDE the first two volumes of Gould's Biographic Clinics, and with equal enjoyment we are reading the third volume. We trust that Gould will give us several more volumes on the same subject. For aside from the question of the correctness of Gould's eye-strain claims—we are not competent to pronounce a definite opinion on this point—the clinics make extremely interesting reading and certainly leave nothing to be desired in the matter of out-spokenness and breeziness of style. The chapter The Reception of Medical Discoveries is worth the price of the book, which is only one dollar. The publishers are P. Blakiston's Son & Co., Philadelphia. P. S.—The chapter on The Cause of Slanted Handwriting should be read by every school teacher.

The Art of Compounding. A text-book for students and a reference book for pharmacists at the prescription counter. By Wilbur L. Scoville, Ph.G., formerly Professor of Pharmacy in the Massachusetts College of Pharmacy. Third edition, revised and enlarged. (P. Blakiston's Son & Co., Philadelphia. Cloth, $2.50 net.) Scoville's book is too well known among pharmacists to need extended notice. It is, however, necessary to mention the additions and the improvements, which make the volume still more valuable. A chapter has been added which treats of the manufacture of compressed and triturate tablets; the chapter on emulsions has been largely rewritten, so as to include the latest theories of emulsification and also improved methods and formulæ for commercial emulsions. Incompatibilities are treated of more exhaustively. No progressive pharmacist can afford to be without Scoville's Art of Compounding. A single suggestion from its pages may be worth many times its cost.

Qualitative Analysis Brief. By Allard Memminger, M.D. (P. Blakiston's Son & Co., Philadelphia, $1.00.) A very ordinary little booklet, dealing with the well-known methods of qualitative inorganic analysis. It contains nothing original and it has no real *raison d'être*. The author's English is poor and his statements obscure and complicated. Errors are present in respectable abundance.

MEDICO-PHARMACEUTICAL

# CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1. Single copy, 25c. Foreign, $1.50; 6 Sh.; 6 Mks; 8 Frcs.

The Editor of this Journal writes his own editorials, He say s what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. VI. NEW YORK, APRIL 1906. No. 4.

## Editorials and Editorialettes.

To those who see the CRITIC AND GUIDE for the first time: Please read this number carefully. It will give you a fair idea of what the CRITIC AND GUIDE is.

We believe it to be a little different from the monthly mediocrities, which are so fearfully alike.

We believe it to be the only one of its kind.

We believe it has accomplished an immense amount of good during the three years of its existence.

It is a journal written with a considerable expenditure of gray matter and red corpuscles.

It is a journal to make people think.

If the CRITIC AND GUIDE appeals to you, send us your subscription.

### THE RANKEST OF ALL PATENT MEDICINES—LIQUOZONE.

I regret having to return once more to that most barefaced of all patent medicine swindles—liquozone. It is a pity to spend time and space—but it is necessary. There is a moral duty resting on the shoulders of the medical profession to completely destroy and wipe off the face of the earth that sulphurous humbug. And we can do it if we work unitedly and persistently. That duty exists, not only because liquozone is a fraud and a humbug, but because, having been *shown* to be such by irrefutable evidence, the manufacturers disregard the indignation of all honest and intelligent men, and continue brazenly to advertise and to prey upon that ignorant class of the community, which such journals like the CRITIC AND GUIDE, Colliers, etc., never reach. It is important we should unite and down that nostrum. The death of it would not only be an excellent thing for the people, but it would be a *moral* victory, for it would show the nostrum mongers once forever that we have power enuf to open the people's eyes and that when we

once unite to expose a barefaced fraud—that fraud is doomed. And such a moral victory would forever take away from prospective nostrum mongers the desire to engage in fraudulent and nefarious practices, to make ridiculous lying claims, at the expense of the lives and health of the people.

But what is Liquozone? There are still thousands and thousands of people who have not read the exposures of this "wonderful" product, and for them the information that follows will prove both of interest and profit.

To the man of even average intelligence and honesty, it would seem incredible that a number of rich and apparently respectable people would get together, form a company—for the purpose of exploiting a fake and a humbug, for the purpose of selling a worthless nostrum to the sick and indigent, for the purpose of making money out of the ignorance, fears and infirmities of the community. But such is the fact. The composition of Liquozone has been analyzed by numerous competent chemists—and by the way, the CRITIC AND GUIDE exposed the preparation long before Collier's and other journals did—and the analysis is not disputed—for it cannot be disputed—by the liquozone people themselves.

Well, Liquozone consists of *ninety-nine* (99) per cent. of water. The other one (or one and two-tenths) per cent. is sulphuric acid and sulphurous acids. Sulphuric acid is oil of vitriol, and sulphurous acid is obtained by burning sulphur and passing the gas into water. The actual cost of a bottle is about half a cent; the bottle itself costs a good deal more than the contents thereof. And this fake is offered as a cure-all—a cure for the entire alphabet of diseases. It is claimed to be a cure for asthma, abscess, anemia, bronchitis, blood poison, coughs, colds, consumption, cancer, catarrh, dysentery, dandruff, eczema, erisypelas, fevers, gallstones, goitre, gout, gonorrhea, hay fever, influenza, la grippe, malaria, neuralgia, piles, quinsy, rheumatism, scrofula, syphilis, tuberculosis, tumors, ulcers, throat troubles, kidney troubles, liver troubles, woman's diseases, etc., etc., etc. I have only copied a part of the list of diseases for which these impudent fakirs recommend their panacea. Of course to a physician or even to an intelligent layman, the absurdity and utter falsity of the claims of the Liquozone people are at once apparent. Both the physician and the intelligent layman *know* that one remedy cannot possibly be good in such a variety and diversity of diseases. One medicine—even if it were the most excellent combination of drugs, instead of being, as liquozone is, a diluted solution of sulphuric and sulphurous acids—cannot cure asthma, anemia, consumption, cancer, dysentery, erisypelas, gallstones, goitre, malaria, syphilis, etc., etc. It is an utter impossibility. But the poor ignorant men and women on whom such frauds as liquozone chiefly thrive and grow fat don't know this. The more specious and more absurd the claims, the greater the confidence. And the hard-earned money of the

sick and the suffering go to swell the coffers of the unscrupulous fakirs.

But has liquozone any value at all? In our opinion it possesses no therapeutic value whatsoever. But doesn't it possess any antiseptic value? Does it no prevent or prove useful in contagious diseases? Here are the experiments performed at the Lederle Laboratories, at which a representative of the Liquozone people was present; he admitted that the experiments were conducted fairly and he agreed with the conclusions. Here is the report. (See Collier's Weekly, November 18, 1905.)

LEDERLE LABORATORIES
Sanitary, Chemical and Bacteriological Investigations.
518 Fifth Avenue,
New York City.

October 21, 1905.

Anthrax Test.—Twenty-four guinea pigs were inoculated with anthrax bacilli, under the same conditions, the same amount being given to each. The representative of the Liquozone people selected the twelve pigs for treatment. These animals were given Liquozone in 5 c. c. doses for three hours. In twenty-four hours all pigs were dead—the treated and the untreated ones.

Second Anthrax Test.—Eight guinea pigs were inoculated under the same conditions with a culture of anthrax sent by the Liquozone people. Four of these animals were treated for three hours with Liquozone, as in the last experiment. These died also in from thirty-six to forty-eight hours, as did the remaining four.

Diphtheria Test.—Six guinea pigs were inoculated with diphtheria bacilli and treated with Liquozone. They all died in from forty-eight to seventy-two hours. Two out of three controls (i. e., untreated guinea pigs) remained alive after receiving the same amount of culture.

Tuberculosis Test.—Eight guinea pigs were inoculated with tubercle bacilli. Four of these animals were treated for eight hours with 5 c. c. of a 20 per cent. solution of Liquozone. Four received no Liquozone. At the end of twenty-four days all the animals were killed.

Fairly developed tuberculosis was present in all.

To summarize, we would say that the Liquozone had absolutely no curative effect, but did, when given in pure form, lower the resistance of the animals, so that they died, a little earlier than those not treated.

LEDERLE LABORATORIES
BY ERNEST J. LEDERLE.

Dr. Gradwohl, representing the Liquozone Company, stated that he was satisfied of the fairness of the tests. He further declared that in his opinion the tests had proved satisfactorily the total ineffectiveness of Liquozone as an internal germicide.

But these experiments show more than that. They show that in so far as Liquozone has any effect, it tends to lower the resistance of the body to an invading disease. That is, in the very germ diseases for which it is advocated, *Liquozone may decrease the chances of the patient's recovery with every dose that is swallowed, but certainly would not increase them.*

Our statement, therefore, that Liquozone is not only a useless, but an injurious nostrum, is fully borne out by unbiased experiments on a number of poor guinea pigs, which certainly will not be accused of being prejudiced against the nostrum and deliberately dying before their brothers and sisters, who did not receive the stuff.

What are we going to do about his nostrum? Is it impossible to wipe off the face of the earth a fake as long as it has a big capital behind it? I don't believe it. The CRITIC AND GUIDE has entirely put out of the market several nostrums, and has brought others to a tottering condition. Liquozone is getting weak and shaky—I believe this editorial, if brought properly before the public, will give it the *coup de grace.* Druggists can help greatly. Let every pharmacist, who has not yet become a mere nostrum vender, but who has some professional spirit left in him, cut out this editorial and paste it on his window, as many druggists did with our Peruna, Warner's Safe Cure and Duffy's Malt Whiskey editorials. This will have a wonderful effect in driving Liquozone out of existence. And with Liquozone gone many other fakes will follow suit.

P. S.—Of course, we do not expect that papers carrying the Liquozone ad. will reproduce this editorial. But I trust that papers and journals that are above carrying advertisements of the Liquozone type will for the benefit of their readers give the above lines the widest possible circulation. It would be a kind of vicarious atonement for the sins of their *confreres.*

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## WOULDN'T THAT JAR YOU?

My readers know my uncompromising stand on Substitution. I have written and spoken about it times without number. You will see something about it in the March issue (page 83). You can find a good deal about it in my paper read at the Atlantic City meeting of the American Medical Association (see *J. A. M. A.,* Dec. 3, 1904). In fact, two or three druggists stopped their subscriptions to the CRITIC AND GUIDE, because they thought I was too hard on the substitutor. This being the case, what would you think of a medical Ananias who concludes an editorial, "Fake Drugs and Substitution," with the following sentences: "This [substitution] is an old evil, but the vice seems to be growing apace. What else can we expect, when New York admits at second-class rates a self-constituted CRITIC AND GUIDE of medicine

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*tively demanded under certain circumstances.* Where is the justice of condemning children to inherited syphilis, scrofula, or tuberculosis? Do we know for a certainty that the progeny of the husband or wife afflicted with these or other transmissible maladies will be healthy offspring, their parents being sufferers from them undeniably thru inheritance themselves? What right has an epileptic to bequeath his disease to an innocent child, or why should hypocritical sanctimoniousness encourage the multiplication of imbeciles thru the mating of men and women who are more or less mentally weak or absolutely insane? It will be said, of course, that continence should govern such people, for marry they will; that the object of the holy state of matrimony is not the gratification of sensual appetites; that the whole outcome and possibilities of conjugal love are in the hands of a higher power than ours; that interference with nature's processes is morally and physically wrong—all of which I unhesitatingly deny as arrant nonsense on a par with the assumption that the marriage bed becomes a brothel when any attempt at prevention or ordinary cleanliness is observed. Ablution does not constitute a brothel, nor is a married woman a prostitute because she practices it. The oft-quoted story also of Onan has, to my mind, no bearing on the question, even were it literally true, which would be hard to prove, except to those who believe all Scripture as meaning precisely what it says, no matter how self-contradictory the narration may be. Turning to the purely medical aspect of the problem, I never saw a more ludicrous display of double cunning than appeared in a medical journal, wherein a professor of gynecology warned his class against the wickedness and baneful effect of simple aqueous or medicated vaginal douches when employed as a preventive measure after coition, when in the same journal farther on this man begged his pupils not to forget his repeated injunction as to the value of just such injections in large quantity under all conditions of uterine excitement, engorgement, or inflammation. One talk was for the religious public, the other a genuine piece of advice to his students, and a good one as we all know. The carnal demands of man throw aside all recognition of such regulations, and for one husband, who out of regard for the feeling and welfare of his wife abstains from sexual intercourse when it is desirable or absolutely necessary to do so, a million will insist on their "rights" and leave their spouse to endure the consequences.

More than one nation has from time immemorial destroyed the puny and deformed at their birth, so that their people might be strong and brave. This summary method to some extent served its purpose so far as the children were concerned, but it did not save the mothers from the untold suffering dependent upon the absence of intelligent medical advice, in spite of the assumption that savages do not suffer in parturition. To be sure the comfort or happiness of the women in these tribes was not counted, for

they were mere chattels or conveniences amongst barbarians. How much better off are many of our civilized communities to-day in this respect? They are not as well off, for, because infanticide is a crime and is not practiced, the maimed, the halt, and the blind are compelled to struggle thru life so long as it lasts, and our asylums, almshouses, jails, rookeries, and palaces bear irrefutable testimony that something is wrong, despite the progress of civilization, and the sermons of those who assume to be leaders in medicine or religion. Only last week an estimable lady told me that believing that she would die in the event of having to endure another pregnancy and confinement, her husband was compelled to abstain from sexual intercourse with her, and this because she firmly assured him that she would commit suicide before again undergoing what I am sure was almost martyrdom. Now this man is by nature unable to control his animal passion, and that he gratifies it away from his home is known to his wife. Is it a sin to control conception here (for the woman admits that she is not at all cold or apathetic conjugally)? It will not do to say that a man *can* control his sexual appetite, and that he *must* do it. Some men cannot, and many who are supposed to do so are simply apt in concealing their indulgence from public gaze. I could multiply examples of this nature, and so can any physician who has enjoyed the confidence of as many families as I have done for more than a quarter of a century. Shut your eyes as you may, every observant person of intelligence knows my statement to be true.

The reports of lunatic asylums show that unbridled sexual indulgence is a factor in producing mental disorders, and it is equally certain that undue restraint of a natural and necessary exercise of the sexual instinct is likewise a prominent cause of insanity. If prostitution—a gigantic evil—is ever to be eradicated, it can only be done by encouraging judicious marriage relations; and as law and custom have recognized or prescribed monogamy as the proper form of married life with us; and as it is a fact that the male is ever ready and generally solicitous for intercourse during his prime, whilst the female is only so at periodical intervals when at all, at which time she is more exposed to conception than in the interim, it is evident that unrestrained indulgence must lead to rapidly recurring pregnancies. This being so the question is reduced to this—Is it proper, is it humane, is it desirable that the lot of a married female should be a continual round of impregnation, delivery and lactation? Would such conduce to the happiness of the home; to the welfare of the family; to the sturdiness of the progeny thus generated? I do not hesitate for an instant to say NO! and I look with more than suspicion on the fulminations of those who, assuming superior virtue, condemn any and all attempts to control conception—I don't believe what they say! The land is full of wretched, broken-down women to-day whose lives have been wrecked because they have become mere machines for the

reproduction of the race, and if the race is degenerating as many think it is, it is worth careful consideration whether or not something in the way of controlling the quantity would not enhance the quality of the product. Volumes of sounding words might be written on this theme, but in what I have said in this paper my object has been to take the matter plainly in hand, and give a straightforward statement of what I believe to be right and proper in considering a momentous question. To me the matter reduces itself to a choice between foeticide and prevention. The one is an indefensible crime—the other a necessity.

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## LETTERS OF A MEDICAL STUDENT.

By Victor, Studiosus Medicinae.

III.

My Adorable Dora:—I know how the poet who has had to transact some business feels when he is free to leave the citadel of commercialism, and can wander off to his beloved woods, where he frisks with the squirrels, sings with the birds, sighs with the breeze, and weaves wreaths for the rustic maidens. I know what emotions rise and swell and throb in the breast of the once rejected lover, when the hand which was formerly drawn from him, now enthusiastically extends itself for a sure sweet squeeze; when the eyes which once looked indifferently upon him, now burn with glowing affection; when the heart which once spurned him, and disdained to be caught, now aches to be captured and caressed.

All this I can know and understand and experience, for have I not passed my examination in Anatomy? Yes, my dear, I have gayly passed it—passed it after spending hundreds of hours in hades, cramming, plugging, drudging, wearing out the floor most of the night, and when the poor head grew weary, and the tired eyelids drooped, there was usually a pot of black coffee to drink, and a wet towel dipped in ice water, to apply to the failing organs of vision. With what loving looks did I regard my beauteous bed in those dark days. "O my unused and untouched couch," I used to cry; "how I long to sleep between your serene sheets, how I desire to pillow my headaches upon your blankety bosom, how I wish Lethe-like to wrap myself in the drowsy drapery of dreams, and rest at the feet of Morpheus."

But Ease and Examination, tho they begin with the same letter, are not on intimate terms. But surely I who have proudly passed, should not think of the painful past.

I studied every bone but one—the palate bone. I did not memorize this bone because I wished to make an experiment. I had previously been told that if out of one hundred questions, a student studies ninety-nine, he will positively be asked to answer the one which he neglected. So in order to test the truth of this theory, I left one bone unlearned—the palate bone.

When the day for the examination arrived, and with it the frowning phiz of the Professor, I began to have doubts, and feel qualms as to the wisdom of my experiment. I grew nervous, my mouth became dry, and unfortunately I smacked my palate.

I suppose the psychologists could tell you very clearly how it happened that when the tutor heard the click of my palate, the idea of "palate" was transmitted to his mind, and thus it came about that he asked me to describe the palate bone. But all that I can tell you very clearly is that I cursed my test. The truth is, I then and there decided to soothe my sorrowing soul with the booze that made Bobbie Burns famous, and as a picture of the flowing bowl floated across my

imagination, I murmured, "Hoch, sip it all." "Occipital," repeated the teacher, "all right, you may describe the occipital bone, if you can." I rattled this off so rapidly that he looked surprised—in a kind of quizzical manner. The truth is, I had studied this portion of the human skull with minute care, for the remarkable reason that the occipital bone contains a large hole—the foramen magnum—and I thought I could pull thru. He quizzed me on a dozen other bones, and then I passed on to the next room.

About thirty other students had the fortunate felicity to pass, and we agreed to liberate our pleasure in an animated entertainment. Lesbia, the most popular nurse in our Hospital, and generally spoken of as the Nimble Nurse, generously announced her readiness to take charge of the affair, and promised to prepare a real college dinner.

I arrived rather late and found the students happy and hilarious. Those who had drunk a little hurrahed, and those who had drunk a little more hiccoughed. As soon as they saw me, they gave the college yell:

O quinin and strychnin and bloody pus
Now what the h—— is the matter with us?

Everyone was in splendid spirits. Kindness was king, and joy was queen. The language was inclined to be loose, but the word KWIZ was tightly withheld. I heard one student say he once bet on a horse named Diplococcus cerebro-spinalis meningitidis, and it won by a length; then another claimed he once gambled on a horse called Nordhausen Sulphuric Acid, and it won on its strength, but when I chimed in and remarked in a sort of casual way with an airy wave of the hand, that I once laid a wager on your pony, and it won on its looks, they told me to go to quizzes—in a good-natured manner, of course.

After a while, Lesbia came in and smilingly said, "Boys, I make a proposal that you all go to the dining room and exercise the digestive system. The room has been fully fumigated, the table disinfected, and the knives and forks sterilized." Since I am of a most peaceful disposition, my pen is not gifted with the power to describe what occurred next. But I will say this: at the meal, the students grated on my nerves, until I felt grouchy. Why? Because they were showing off. For instance, instead of asking for salt, they demanded NaCl; instead of calling for sugar, they asked for $C_{12}H_{22}O_{11}$; when a dose of ketchup instead of going in the plate, fell outside the plate in a finely-divided state, they laughed and said, "It'll come off if you use $NaC_{18}H_{33}O_2$ besides after washing so many test tubes, we can wash anything." Of course some cheap jokes were circulated. Here are a few specimens: "Why is the Paramoecium like a Poem?" the answer being, "Because its cilia move in rhythmical motion." Here is another: "Into what classes are joints divided?" "Arthrodial joints, synarthrodial joints and opium joints." Still another—the worst: "Why is the External Oblique muscle like an eloping young lady?" "Because it joins its fellow on the opposite side."

I admit the room was slightly stuffy (and the students were somewhat stuffed), but I am sure they could have asked for air, or expressed a desire to have the windows opened, instead of shouting, "We want that substance which was discovered in 1773 by Scheele, the Swede, in 1774 by Priestly, the Englishman, and in 1775 by Lavoisier, the Frenchman."

When Lesbia offered the fellow who was sitting at her left hand a glass of wine which looked to all intents and purposes like a solution of potassium thiocyanate and ferric chloride, but which I suppose was Burgundy, he said: "No, thank you. I never touch any form of $C_2H_6O$ when I am expecting an examination. It's so liable to upset the equilibrium of the intellect." Then she poured out a glass of

water and handed it to him in so sweet a way that I envied him. "Water!" he spouted; "my dear madam, is it possible that you have never heard of the typhoid bacillus, and the contamination that ensues therefrom?" But contamination can also ensue from a chattering coxcomb, for he was about to begin a lengthy lecture, but Lesbia cutely slapped him on the mouth, and he subsided with a sigh. But Lesbia saw he was pouting, and being of a sweetly sympathetic nature, she offered him a potato. His answer was profound: "Potatoes," he said, "contain a cardiac poison." This time Lesbia sighed. Then I saw her eyes gleaming, and I knew something brilliant was coming. "Will you have a kiss?" she asked. Instantaneously and spontaneously he turned around. "O dear me," cried Lesbia, covering her face with her lace handkerchief; "I nearly forgot all about those dreadful microbes, and the contamination that ensues therefrom. I think you better take a disinfectant—will an onion do?" The chattering coxcomb looked as if he had received a zero. "Whisky, give whisky, whisky," he gasped and then he precipitated to the bottom. At this moment, a maid came in, carrying a tray of squashes. She was a blonde, and I heard one student whisper to another, "I have reason to believe she bleached it with hydrogen peroxide." "She must have added a mixture of $BaCl_2$—$K_2CrO_4$ because it's primrose yellow," said a second. "You're myopic," put in a third; "it's chrome." The maid saw she was attracting attention, and was so pleased with the state of affairs, that every fellow was treated to a smiling squash and a squashy smile. When she reached me I politely asked her if she would kindly let me have a spoon.

"The likes of you don't need spoons," she answered tartly with a toss of the head. "You're spoony yourself." This unexpected bit of infinitesimal wit made an infinite hit. We clapped our hands, stamped our feet, pounded with our elbows on the table, a few saucers degenerated into shards, and the naiad maid gracefully standing with one arm akimbo, blushed modestly and smiled mischievously. Then she continued doing her duty. When she came to my neighbor who is gifted with the elastic cognomen of Stiffiani, said to her: "Do you know that the roots of an ordinary squash, if laid out straight, would measure twenty-five miles?" I so disrelished the idea that a student should think it necessary to report a professor's lecture to a servant girl, that I left the table.

I think—One! Two! Three! Four! Five! Six! Seven! Eight! Nine! Ten! Eleven! Twelve! Thirteen!!! Confound it! It's after midnight, and I haven't looked up my Differential Diagnosis yet, so forgive this abrupt ending of your innocent A. NATOMY.

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## JUST TRY IT!

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## THE DASTARDLY QUACKS.

### Thirteen Letters and Two Newspaper Clippings.

By Edmund F. L. Jenner of Digby, N. S.

(1) St. Ethelreda's Hospital, N. Y.

DEAR DOCTOR LEE:—I have examined your daughter, and I regret to say that I can only confirm your family physician's diagnosis. Her left lung is affected, but not very badly, the right lung is perfectly sound, and if she takes care of herself, she may outgrow the trouble completely. I have written Dr. Saunders, acknowledging the receipt of his letter, and I will write him again, outlining the course of treatment I advise. Now I have recommended a winter at ————, and it is somewhat an expensive place to stay at. I am well known to the superintendent of that institution, and if you decide to send your daughter there, I will write him, and ask that she be taken on special terms. She may find the discipline irksome at first, but she will soon get used to it, and I have every reason to believe that she will return to you in far better health.

With kindest regards to your wife.

Yours very sincerely,
ALFRED MCGEE.

To the Rev. John Lee, D.D., Morrhuopolis, New Brunswick, Canada.

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(2) St. Ethelreda's Hospital, N. Y.

DEAR DOCTOR:—If you receive a letter from one John Lee, of Morrhuopolis, Canada, relative to the treatment of his daughter in your institution, please give her the best room you have, and cut the price in two. Send me the bill for one half, and I will settle with you. I take a great interest in the case, as Dr. Lee was very kind to me when I was a boy, in fact, he coached me for my preliminary examination, and did not charge me a cent for it. I imagine his congregation pays him something like $700.00 a year, and he has to keep his family on that, and it would be almost impossible for him to send the girl to the sanatorium without aid. The family history is a bad one, two aunts on the mother's side dead of tuberculosis, and her father's mother also died from the same cause. Make your charge on the old doctor as light as you possibly can, let her have everything necessary, and send me your bill for the balance, and oblige,

Yours fraternally,
ALFRED MCGEE, M.D.

P. S.—I expect to send you two patients about the first of next month. One of them is a hard case, the other you will have no difficulty in pulling through. I will send details later.

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(3) The —— Sanatorium, Maine.

DEAR DOCTOR MCGEE:—I have heard from your friend, and I wrote him a pious lie about a partially endowed room being vacant. He is to pay $8 per week, and I will make draft on you for the balance, from time to time.

Yours truly,
JOHN SCOTT, M.D., Superintendent.

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(4) The —— Sanatorium, Maine.

MY DEAR MOTHER:—I received your letter yesterday, and though it was only a fortnight yesterday since I left home, it seems a year. You ask me how I like this place. I cannot say that I like it very much, it is almost like being in prison. You have to get up early, go out of doors in all sorts of weather, eat all kinds of horrid things—and you *must* eat them, too, and then you have to go to bed early, just as you begin to enjoy yourself. They make you sleep with all the windows open, and they do not let me have a feather bed. You know how I hate hard beds, and cold of any

kind. My cough is better, but I will never believe that there was anything wrong with me. Doctor Scott is very kind, but I am very homesick.

Your loving daughter, MARY.

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(5) St. Ethelreda's Hospital, N. Y.

DEAR DOCTOR LEE:—Dr. Scott writes me that your daughter has improved in a marked degree since she came under his treatment. She has gained nearly eight pounds, her temperature has fallen considerably, and she is in every way better. I notice that she is somewhat impatient of restraint, and does not like the compulsory out-of-door life. You must use your influence with her to tolerate these things. They are done for her good, and if she perseveres in following Dr. Scott's treatment she will be practically cured by the first of next June—barring accidents.

Yours very sincerely,
ALFRED MCGEE.

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(6) Chicago.

DEAR MADAM:—A mutual friend of ours has informed me that your daughter is an inmate of the ———— Sanatorium, Maine.

You will see by my letterhead that I have made a specialty of tuberculous cases for over 30 years, that I have invented the only reliable cure for that disease known to the world, and, by reference to almost any paper, you will see that I am spending thousands of dollars every year in advertising the fact to the people of the United States and Canada.

You are no doubt aware that the physician who sends a patient to one of these so-called sanatoriums receives a bonus from the proprietor in every case. This accounts for the extortionate charges for board, treatment and medicine. My correspondent informs me that you are paying $8 a week for your daughter's board alone; of that sum a quarter, or possibly a third, goes to the doctor who sent her there, as his commission.

For $10 a month, or possibly less, I can furnish her with the treatment that has cured hundreds of people—Senators, Congressmen, bishops, ladies who are prominent in the Women's Christian Temperance Union, actresses, for the sun shines on the just and the unjust alike—and it is my duty to cure all the sick who appeal to me, irrespective of their profession. I enclose copies of testimonials, and hereby agree to forfeit $1,000 for each and every one of which is not genuine. If she decides to take my treatment she will be under your own supervision, free from the irritating restraint so often imposed on the inmates of "sanatoriums;" her diet will be practically unrestricted, and she will enjoy the advantages of home life combined with the best medical advice (free of charge) and the best medical treatment the world can afford her.

I have no desire to foist my services upon you, but I think it is my duty to inform you of my ability to cure tuberculosis.

Trusting that you will pardon the liberty I have taken,

Yours for health,
ANDREW A. SCOOPER, M.D.
President Scooper Medical Institute, Chicago, Ill., U. S. A.

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(7) St. John's Rectory, Morrhuopolis.

DEAR ALFRED:—I deeply regret to say that Mrs. Lee has decided to remove Mary from Dr. Scott's sanatorium. I have said all I could to prevent it, but in vain. The child—for she is nothing else—is very impatient of restraint. She imagines she is perfectly cured, and her mother says she will derive no benefit from a prolonged stay in an institution she detests.

I could have kept her there for a year, thanks to you, for the most reasonable terms you procured for her, but she and her mother are against me, and I cannot withstand them both. I regret to say that my wife has no confidence in Dr. Saunders—I regard him as an especially able man for a country practitioner.

She has been corresponding with Dr. Scooper, of Chicago, who claims to be a specialist on tuberculosis. Do you know him? Perhaps you have met him, as you are both interested in the same subject?

With very, very many thanks for your kindness,

Your very sincere friend,

JOHN LEE.

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(8) EXTRACT FROM A REPLY TO THE FOREGOING.

"I do not know Dr. Scooper, nor have I any wish to see him, unless the State of Illinois sees fit to install a public pillory, and place him, and some dozens more like him, therein. Your own sense will convince you of the fact that it is impossible for any one resident at a distance of two thousand miles from the patient to treat any case of tuberculosis."

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(9) St. John's Rectory, Morrhuopolis.

DEAR DR. SCOOPER:—My daughter has finished or nearly finished the course of treatment you sent her three weeks ago. She seems very bright and cheerful, her appetite is fair, and her color has come back. She has lost in weight slightly, but she attributes this to her having discarded her heavy winter cloths. Enclosed please find postal order for $10, for which please send me another course of treatment. Kindly address it to Mrs. Hill, milliner, Main street, Morrhuopolis, as I regret to say that Dr. Lee is not in favor of your treatment. Yours truly,

CATHERINE LEE.

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(10) Chicago.

DEAR MADAM:—I am in receipt of your letter of the 6th inst. and in reply I am sending another course of treatment. By reference to my books, I find that this is the sixth. The slight hemorrhage you mention should not occasion you any alarm; it is merely nature's way of disposing of superfluous blood. Sixty or seventy years ago the doctor in attendance on your daughter's case would have accomplished this with the aid of a lancet; I leave nature to do its work.

At the same time, I desire to draw your attention to my "Hæmofactor" or blood-maker. I enclose a descriptive pamphlet, and you will notice that it promotes the secretion of new, rich blood, by passing a gentle electric current through the heart, liver, kidneys, and lungs. It is worn under the clothing, and does its work day and night. It occasions no pain, other than a slight tingling at the first contact of the electrodes with the flesh, and it generates enough electricity to run two 64-candle-power incandescent lights. I make a special discount on this apparatus to the clergy, which reduces the cost to $50, expressage paid. May I send you one? With regard to the night-sweats, double the dose of vitaline and give six instead of four capsules of bovisang per day.

Anticipating that you will follow these directions, I have doubled the quantity of these medicines. You can remit the additional cost ($7.50) when you next write me. Yours for health,

ANDREW A. SCOOPER, M.D.

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(11) St. John's Rectory, Morrhuopolis.

DEAR DOCTOR SCOOPER:—In reply to your kind letter, I am glad to say that I am improving every day; I still feel somewhat weak, and last week I lost a little blood, but I feel confident that when the warm weather comes again I shall be perfectly cured. I am wearing the hæmofactor all the time, and every day I take ten capsules of the bovisang. Mother wishes you to send on two bottles of vitaline and four boxes of the capsules. I enclose postal order for the amount. I am sending my photograph as requested; it was taken over a year ago. With many thanks for the good you have done me, Yours very sincerely,

MARY LEE.

(12) St. John's Rectory, Morrhuopolis.

MY DEAR ALFRED:—I write to inform you that our dear Mary passed away yesterday. I am thankful to say that the end was swift, and she was spared much suffering. I induced her to see Dr. Saunders about a month ago, and he told me there was absolutely no hope. He advised me to humor her in any way I could, and I obeyed his instructions. Until the time of her death she firmly believed she was on the road to complete recovery. She even wrote that fellow—Scooper, in Chicago—that she was almost cured. He must have received her letter within a day or two of her death. You know how averse I was to removing her from the sanatorium, but it was impossible for me to withstand the united appeal of herself and my wife.

We have paid this Dr. Scooper about $300 for his medicine and treatment. I would have gladly paid ten times the sum if it had done her any good. I am firmly convinced that, had she seen fit to follow your instructions and complete her course at the sanatorium, she would have been alive at the present day.

Again thanking you for your kindness to my poor girl,

Your very sincere friend,

JOHN LEE.

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(13) Chicago.

DEAR MADAM:—I very much regret to hear of the death of your daughter, more especially as she wrote me a most bright and cheerful note a few days ago. While I meet with an occasional case I am unable to cure, it is almost invariably one where some one else has attended it in its early stages.

I note your remarks about the medicine which arrived too late to be of service to you, and I would gladly take it back and refund you the money, but to do so would be a breach of my business regulations. I would recommend you to keep it by you, and when any of your friends are threatened with lung trouble you can, no doubt, dispose of it to them.

Yours for health,

ANDREW A. SCOOPER, M.D.

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(Clipped from the *Skowhegan Democrat*, three years later.)

"The portrait printed above is that of Miss Mary Lee, the only daughter of a prominent doctor of divinity; she narrates below the great benefit she derived from the celebrated Doctor Scooper's treatment." Here follows letter No. 11, and half a column of advertising, disguised as reading matter.

(From the same issue of the *Democrat*.)

"The colored boy, Bill Harris, who was remanded by Judge Mill, yesterday, on a charge of obtaining fifty cents under false pretenses was brought up for sentence this morning. His Honor said that as it was a first offense, he would be lenient, and sentenced him to six months at jail, with hard labor."—*American Medicine.*

As some people may not understand the moral of the last clipping, we will elucidate it. It is this: A poor colored boy is sent to jail for obtaining 50 cents on false pretences, while a conscienceless scoundrel, who robs thousands of people of their money, health and life is allowed to do so freely, without halt or hindrance. And the newspapers help those wretches in their nefarious work.—EDITOR CRITIC AND GUIDE.

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The paper on THE TREATMENT OF SEXUAL WEAKNESS AND OTHER SEXUAL DISORDERS has been crowded out of this issue. It will appear in the May Number.

## CAESAREAN SECTION ON A CHILD TWELVE YEARS AND EIGHT MONTHS OLD.

Prof. H. J. Boldt of New York, reports the following interesting and unique case (Post-Graduate): The patient was 12 years and 8 months old. She was seen when about five months pregnant. There was a generally contracted pelvis. The distance from the lower border of the symphysis to the promontory of the sacrum (finger measurement) was two and a half inches; from the lower border of the symphysis to the tip of the coccyx, two and a quarter inches. The question of producing an abortion arose, but after consideration the proposal was declined. The pregnancy was thought to be at the term between the 15th and the 20th of August.

On August 9, 1905, the child was admitted to the author's service, it being his intention to do an elective Cæsarean section before the class on August 12th. The urine showed a trace of albumin and a few hyaline casts. There were no symptoms present to cause one to apprehend danger, except the very slight trace of albumin in the urine. On the evening of August 10, without any prodromes, the patient was suddenly seized with a very severe eclamptic attack, for which a hypodermic injection of one-third of a grain of morphine, with other appropriate treatment, was used. Within an hour she had had five additional severe convulsions. She was unconscious on the author's arrival, and had been in that condition from the time of the first convulsion. The cervix was well formed and neither dilated nor dilatable. The heart sounds of the child were at that time audible but weak. While the author was considering which procedure would be best to follow in the interest of the patient, another very severe convulsion occurred. With this she began to get pulmonary edema, which increased in intensity from minute to minute. The face was livid, the pulse small and very rapid. The administration of oxygen was at once begun, and the patient ordered to the operating room to be delivered by Cæsarean section. Her condition was, however, such that it was thought doubtful if she would live long enough to be delivered. Within an hour and a half after the first convulsion she was delivered of her child by Cæsarean section. The uterus extended up to the diaphragm, pushing the other abdominal viscera aside. The child was in the L. O. P. position and was extracted with the placenta in exactly two minutes after the beginning of the section, and in 29 minutes after the beginning of the operation the patient was returned to bed. This is mentioned only to show that no time was lost.

The patient began to improve very perceptibly from the moment the uterus was emptied, so that there was reason to hope recovery might take place if the convulsions did not recur. The improvement was especially noticeable in the rapid subsidence of the pulmonary edema, which had been very alarming, the frothy mucus coming from the mouth and nose in a *continuous stream*.

An intravenous infusion of 1500 c. c. of saline solution had been given, and the hot pack used. No convulsions took place until after midnight; then, however, one occurred, and from that time on they recurred at comparatively short intervals despite all therapeutic measures. At about 9 a.m. pulmonary edema also recurred and the little patient died at noon. The child is living.

## THE STRENUOUS LIFE OF SCHOOL CHILDREN.

By William P. Northrup, M. D.,
Prof. Diseases of Children, N. Y. U. and Bellevue Med. Coll.

This paper takes it into primary consideration that the child of the family is the one valuable possession. Former tribal conditions in which the child was relegated with hirelings and dogs to the corners and upper floors, have happily passed away. We are considering the beginning of systematic education, of mental discipline, the enlistment into a life of comradeship, of drilling in ranks, of comparing abilities and of testing strength. It its totality this is the time of life in which begins the building of the American citizen. Is there a more important function for the physician than the supervision of these ten years of life? Nobility of character obliges, likewise American citizenship. The public school is the maker of citizens. To us as physicians belongs the task of assisting the little volunteer to endure the strenuous life of camp and drill, and even to grow strong as the campaign goes on. It is only secondarily our function to look into the list of studies and requirements with a view to modifying them. Our department is wholly medical, or perhaps better, physiological. We should not wait till medicine is needed. The Twentieth Century call is for prophylactic measures. In school work we may not select. We must take all volunteers, and furthermore keep them able bodied. We must keep them fit for the firing line and return them veterans. They should even grow and get hard in the training. School life should teach them the care of themselves. Addition of fractions should apply also to the daily accumulation of knowledge and physical endurance.

In March the Pediatric and Neurological Clinics of New York receive a crop of worn-out school children—neurasthenics. My own experience is so annually regular that I have fallen into a routine method of impressing the case upon the students. A girl about 9 to 12 years old is brought by her mother to the Clinic on Saturday. As the girl stands in the amphitreatre she is seen to be pale and jerking. To you she obviously has chorea. "What is your name?" I ask. No answer, and she glances at her mother with an imploring look. "How old are you?" No answer. At this point there is room for a little manœuvering. I turn to the class, and begin something like this: "This little girl goes to school (a sidelong glance detects a light in her eyes), and she can read pretty well and spell fairly" (a few jerks and grimaces, and a look at her mother). Then I add in positive tones and in rapid

succession, "She stands at the foot of her class, and is frequently late to school." At this point the jerking stops, the grimaces cease, and with complete absence of all self-consciousness she flashes out: "No ma'am, I'm never late, and I'm *first* in my class." Here a reconciliation is effected and all are friends together. Further indirect question brings forth the fact that she sits not in the front seat under the eye of the teacher, but in the back row with the trusted ones who have records to sustain. She hurries home from school, is never kept late, takes a few moments of outdoor play because someone has prescribed it, runs home, curls up and studies hard until the evening meal. This meal she engulfs in the shortest possible time, slips off her chair, and is soon at her book again. She is the conscientious pupil. She studies until someone insists on her going to bed, and often continues to study after she has gone to bed. Early in the morning, after a night of dreaming over those awful fractions, our pale, jerking, grimacing girl awakes again to the strenuous demands, and studies until breakfast. One eye is on the clock—she must *not* be late. Her hair must be braided tight and her dress buttoned up the back before breakfast, for being late once would spoil her record. If she fears the clock is slow, and that her competitor across the street has already started for school, breakfast is the home stretch on which she can make up lost time. By long experience she learns what portion of the food on the table will traverse the upper digestive ways the most rapidly. Potato and gravy with a liberal wash of water or tea or coffee is the breakfast most approved by the record breaker. In an incredibly short space the child has finished her intake of food, and is ready for the start, and away she dashes like a fire horse on a hurry call.

The good girl has at last, after anxious and strenuous preparation arrived at school, and it proves to be by accurate time three-quarters of an hour before the bell, and fifteen minutes before the doors are open. Three-quarters of an hour before time, and all this race and haste, worry and running, but she keeps her back seat, and her record is unbroken!

This audience can easily imagine several physiological functions impaired by worry and haste, and some daily needs possibly postponed to Saturday and Sunday. You will wonder where the dweller in crowded districts may in such strenuous life snatch a few hours of tranquil daily recreation in outdoor sunlight, and how the nerves in this strenuous existence are to be daily nourished and rested. Alas, they are neither rested nor nourished. They fall daily further into arrears. They may drag on till early spring, like our typical case. In March is the Feast of St. Vitus.

It is well to reflect on the critical physiological changes which our little student is undergoing between the ages of eight and thirteen. She is rapidly manufacturing new cells, she is building great additions in bone, muscle and glands, she is developing, training and disciplining her cerebro-spinal and sympathetic sys-

tems. She is changing her milk teeth for tearers and grinders, preparing for heartier food. She is further developing a new function, passing from infant life to maturity, experiencing a change of such critical magnitude that all nature appeals to the generous impulses of human protectors to lighten her burdens, to safeguard the best interests of the budding woman and future mother.

It is for others to discuss shortening the hours of study, or interrupting them with longer intervals of recreation. There are wise heads considering the subject. I can only say the present public school course and competitions give the sensitive, conscientious child a strenuous life. In every team the quicker horse jumps first, the willing horse foams under the harness. The scoldings administered to the dullards of a class pierce only the souls of the sensitive. The conscientious are hurt by reproaches intended for those whom they never reach. Our attention is not just now called to the lazy, the lethargic, the truant or robust. It is to the delicate, sensitive, conscientious little worker, whose sleep is impaired by dreams of lessons, whose nervous tension handicaps in the race, whose daily balance sheet of vitality ceases to show a balance against the income of nutrition. Gradual loss of strength reaches its climax, and results in the March crop of neurasthenics, the Feast of Chorea, Dance of St. Vitus.

Do not put the subject from you with the thought that this story of the overworked and under-nourished growing girl belongs to a big city, to the tenements and to ignorance. Would it were limited to them, for they are most teachable and quick to reform. If you look to your choicest families, you will often find them getting up late, that breakfast is late, that the father rubs his swollen eyes, and scolds between his morning paper and his coffee because of this disagreeable rush and haste. His last night's nerves are disturbed by his child's early morning start. You will agree with me that in many of your most intelligent families the child's life and duties are not the first consideration of the parents. The child begins its strenuous life in unsympathetic surroundings, gets up a high degree of momentum in the midst of inertia. Only in Wall Street will nerves again be found so thorouly atingle.

The child's morning meal should be taken in pleasant surroundings, in cheery atmosphere. It should not be the scold hour, the clearing house of yesterday's grudges nor the dumping ground of ill humor. The child should have time to eat, time for reasonable preparation for school, and be sent off happy. It will pay the parent to do so. It will save the doctor's bill and save anxiety. It is an investment for the parent's future which not even the Equitable Life or Standard Oil can give. It pays immediately something, and promises sure paid-up investments in the near future.

# Materia Medica & Therapeutics

## Should Iodides still Be Employed in Syphilis?

By Dr. L. M. Pautrier.

It is true that there are certain disadvantages in using the iodides, but these drawbacks have been greatly exaggerated. It is also true that in a few rare cases the bad effects are so marked that the drug has to be discontinued, but these cases are the exception and not the rule. If the daily observation of cases proves to us that iodides alone cannot effect the disappearance of cutaneous and mucous lesions of secondary syphilis, it also proves to us that there are a certain number of morbid symptoms, unaffected by mercury, which disappear rapidly under the use of the iodides; these latter are the painful symptoms of the secondary stage: Arthralgia, myalgia, osteocopic pains, cephalagia with nocturnal exacerbations.

Clinical experience also teaches us that in the tertiary stage, where mercury is often ineffective or not sufficiently active, marvellous effects often result from the administration of a combination of mercury and iodides, especially in the case of cutaneous and mucous gummata, exostoses, ulcerating and [illegible] forming syphilides. Most all physicians have, some time or other, effected with the iodides cures that to the patient seemed miraculous.

Finally, besides their undoubted curative action in the various syphilitic lesions just enumerated, the iodides, and mercury as well, are of great benefit in the preventive treatment of the disease. This latter fact is strongly emphasized by Dr. Brocq in the course of his clinical lectures. The iodides do indeed exert a special action on the vessels, counteracting, to a certain extent, the bad effects of the disease. It is unnecessary to recall the frequency of vascular lesions due to syphilitic infection, which is aptly described by the saying, "Syphilis has a predilection for the arteries."

Besides causing symptoms of acute arteritis, it is also an important causative factor of atheroma and of premature senile degeneration of the blood vessels. Now the iodides are a vascular medicament of the first order, and according to Dr. Martinet, who has studied them thoroughly, they have, as it were, a selective action on the arterial walls, a restraining action on the scleroses. By causing a vasodilation and lowering of the pressure, they ease the arterial fibres, and by dilating the vasa vasorum, it stimulates the nutrition of the arterial walls, thus regenating them.

Consequently, the iodides are, with mercury, an effective means of preventing cerebral arteritis, aortitis, peripheral arteritis and generalized atheroma, of syphilitic origin.

Both the iodides and mercury should, therefore, continue to play an important part in the regular treatment of syphilis, statements to the contrary notwithstanding. Naturally, mercury holds the first place, but the role of the iodides should not be belittled.

Mercury is undoubtedly the specific for syphilis—the iodides cannot take its place—but they should not on that account be eliminated from the list of therapeutic agents. They are specially indicated to combat certain symptoms which mercury alone cannot overcome, and are very useful in preventing the symptoms caused by syphilis of the blood vessels. We are consequently justified in continuing to administer them in fairly strong doses (30, 60, and 90 grains) at short intervals, when intended as a curative agent, and in small doses, long continued, when employed as a preventive medicament.

Let us not make any sacrifices to fashion in therapeutics; there can evidently be no harm, if we are merely supposed to replace one drug by another seemingly as good, or to endorse the fad of the moment, some new drug, which, in the beginning, is apparently an universal penacea and in a year's time has fallen to deep and sometimes well-merited oblivion; but the danger lies in our being required to omit from our materia medica a most useful drug like iodide of potassium, which has long ago proven its worth.—*La Tribune Medicale.*

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### Iothion—The New Iodine Preparation.

Iothion is di-iodo-hydroxy-propan. It is soluble in oils, alcohol, and ether, but insoluble in water. It contains 80 per cent. of iodine in organic combination. It is intended to be employed in all cases in which the iodine preparations are used internally or externally, and its direct external local application is to serve as a substitute for the internal treatment with iodides or the subcutaneous injection of iodipin. The application of iothion is very simple. It can be painted on in the pure state or applied mixed with oils or in salves.

As regards its absorptive power, Drs. Ravasini and Hirsch of the skin and syphilitic clinic of the City of Trieste, report the following experiences: At the beginning they applied pure iothion, as, for example, to syphilitic buboes or in chronic epididymitis. They soon abandoned this method of application, because the patients experienced burning of the skin, and employed instead a salve: Iothion, 1 part; vaseline and lanoline, 2 parts of each. This ointment produced a dermatitis in one instance, necessitating the discontinuance of the treatment. In more than fifty cases, however, no dermatitis occurred, and the skin remained intact even after more than ten days' application. No true iod-

ism was noticed in any instance in which the drug was employed therapeutically. Only in a single case in which the iothion salve was applied in amount of 20.0 Gm. to the healthy forearm of a young girl, in order to study its degree of absorption, there appeared on the same day a slight coryza and conjunctivitis, which they attributed to the absorption of iodine. The fact that a few hours after the application of 20 grams of the ointment containing 4 grams of iothion iodism occurred in a susceptible person is to be regarded, in the authors' opinion, as evidence that the preparation is rapidly taken up in the fluids of the body, as was also demonstrated by the detection of iodine in the urine and saliva. In this case was found an intense iodine reaction in the saliva and urine at the end of three hours.

The authors have been able to detect iodine in the urine and saliva of every patient who had been treated with iothion, pure or in ointment form, and they obtained a positive reaction even in cases in which the drug had been employed in almost minimum amounts to very localized areas; thus, for instance, a particle of the ointment the size of a pea was applied to the induration left after a chancre, and at the end of about six hours iodine could be easily demonstrated in the saliva. In general, they found that if iothion ointment was rubbed in during the forenoon, a distinct iodine reaction could be obtained in the urine, and even more decidedly in the saliva, at about four o'clock in the afternoon. In cases in which the salve was applied in large amounts in the forearm, which was then enveloped in an impervious dressing, which was allowed to remain for a few days, iodine could still be demonstrated in the secretions on the fourth day.

In gonorrheal epididymitis iothion in the form of ointment was used with excellent results.

### Balsam of Peru in Wounds.

Dr. Schloffer has treated more than 100 cases of wounds with Peruvian Balsam and his experience has convinced him that the balsam has certain properties which surpass those of any other substance at our disposal for the treatment of wounds, especially in crushed and soiled tissues. Severe inflammation never develops in any wound treated with the balsam in the first twenty-four hours. The balsam is poured into the wound and every crevice filled. It attracts the leucocytes to the spot and has a kind of mummifying effect on the dead tissues, while it mechanically checks the development of micro-organisms.

### Arhovin, a New Internal Antigonorrhoic.

Arhovin, an addition-product of diphenylamine and esterified thymylbenzoic acid, is a fluid of aromatic odor and cool, slightly burning taste, almost insoluble in water, but readily soluble in alcohol, ether and chloroform. Its gastric absorption, according to Drs. F. Burchard and A. Schlockow of Berlin (*Med. Woche*), is exceedingly rapid (15 minutes). The exact form in which it

is excreted is as yet undetermined; but the dark green reaction of the urine with 1 per cent. ferric chloride solution points to phenyl-hippuric acid, the thymol being changed into thymol-glycuronic acid.

According to the authors, Arhovin is a prophylactic of gonorrhœal joint inflammation and of endocarditis. Most if not all of these affections are metastatic; the direct cause of the disease is brought to the joint by the blood current, and finds a nidus in the synovial membrane. Injuries and exposures to cold are but predisposing agents, if causative at all. They believe the gonococci do not circulate free in the blood, but appear there in or on pus cells and also on particles of solid uric acid. The advent of the latter alone in the synovial sacs may cause swelling and inflammation of the joints. Since arhovin changes the fairly insoluble uric acid into the very soluble hippuric acid, it may well prevent the deposition of the crystals in the joints.

The dose is 4 Grs. 3 to 6 times a day, best administered in capsules.

### Digalen.

R. Freund (Therap. Monat. Dec. 1905) passes in review the different preparations of digitalis, and strongly recommends digalen, which is Cloetta's amorphous soluble digitoxin. It is stated to have no cumulative action, never to give rise to vomiting, and to be the only preparation of digitalis which can be injected into the veins. Such an injection is painless and only needs to be repeated every 24 hours; its effect is seen in from two to five minutes in a rise of blood pressure of about 24 hours' duration. The author has made use of Digalen in one case of cardiac weakness after chloroform narcosis, in two of acute dilatation after strain, in four of chronic myocarditis, in two of mitral insufficiency with dropsy, and in one of pleurisy complicated by cardiac weakness. The preparation was well taken by the patients, and in each case gave good results. In one case of acute dilatation in which digalen was injected into the veins, the effect was obvious after five seconds. The pulse rate fell from 120 to 76, and a minute later to 68. The author has never seen a case of acute dilatation in which the worst symptoms were so speedily relieved. He finds digalen to be the most satisfactory preparation of digitalis at present in our possession.

### Histosan.

Dr. R. Stierlin (Therap. Monats., Nov., 1905) has made use of histosan, a combination of guaiacol and albumen in the treatment of different forms of tuberculosis. The dose is 0.5 Gr. of the powder to adults, 0.25 Gr. to children, three times a day, or corresponding quantities of the syrup. In such doses the author has never found the drug to give rise to unpleasant results, but in two cases in which larger doses were given gastric disturbance quickly supervened. Twenty-seven patients took histosan for

long periods. Ten of these patients suffered from phthisis, three from tuberculous peritonitis, one from serous tuberculous pleurisy, one from tuberculosis of the testis, and twelve from tuberculosis of the bones or joints.

Some of the phthisical patients improved with surprising rapidity, both with regard to weight and general and local condition, and in many other cases in which operation was needed, and in which histosan was also given, recovery occurred more quickly than could have been expected if ordinary drug treatment had been employed after the operation. The author is of the opinion that histosan deserves serious trial, and would specially recommend its use after operations for tuberculous lesions, both in adults and children.

### Mortality from Cancer.

About a year ago a German authority published a study of several hundred cases of cancer, and came to the conclusion that cancer itself, that is the specific cachexia, is the cause of death only in one-third of all cases, while the other two-thirds are carried off by complications or intercurrent affections. Now, a Russian author, W. G. Ivanoff, publishes (Med. Obosrenie, LXIV., No. 19) a similar study and his results are almost identical with his predecessor's. This would seem to show once more that figures do not lie. [Yes, they do, only too frequently.] The common secondary causes of death in cancer are, according to these writers, the following: larnygeal edema, pulmonary gangrene, peritonitis, intestinal obstruction, cystitis, meningitis and hemorrhage from a vessel opened by the cancerous process. About 4 per cent. die from causes entirely independent of cancer.

### Is Appendicitis on the Increase?

Prof. M. T. Rostovtseff (Russky Vratch Oct. 22, 1905) discusses some very interesting features of appendicitis. For the past 15 years or so, this disease has attracted the attention of the profession to such an extent that there is a general impression as if a new disease had appeared and was spreading. Many authorities are inclined to believe in an epidemic character of appendicitis. Moreover, a close relationship between this disease and influenza or grippe has been alleged to exist, the latter being held to be the cause of the former in many instances. Not satisfied with this, certain observers have gone still further, and assert that appendicitis can be caused by a number of infectious diseases, for example, scarlet fever, typhoid fever, pneumonia, tonsilitis and others. Finally, there is a general belief in the growing frequency and extension of appendicitis. This increase is variously attributed to errors of diet, to the modern tendency to strenuous living, etc.

Our author has studied the subject thoroly, and as a result of his studies assumes a skeptical attitude toward many of the above theories. He believes that appendicitis is not in any sense a new

disease, but has existed at all times. Neither is there any valid reason for the assumption that it is on the increase. We are not threatened by an epidemic of appendicitis, and moreover, the disease cannot even be classed as epidemic. The alleged etiologic role of certain infections, mentioned above, must be reduced to simple coincidence in the great majority of instances.

### Periodic Paralysis.

Dr. G. E. Holtzapple discusses periodic paralyses in the Jour. Amer. Med. Assoc. for Oct. 21. He is inclined to consider the pathology of the condition as a vasomotor neurosis, affecting the blood supply of the anterior horns, which are supplied almost wholly by the anterior spinal artery. In a family of which he had the record for four generations and had himself observed for twenty-two years, seventeen of the members had the typical periodic paralysis, and six of them had died in an attack. Other members have been afflicted with migraine. As these cases seemed to be closely allied to the local paralysis accompanying migraine, the author thought that an active toxin from the gastro-intestinal tract might be responsible, and he therefore made careful examinations of the urine of members of the family, and was led to believe there was a relationship between a diminished urea excretion that he found, and the paralysis. Thinking the attacks due to a vasomotor spasm, he administered half-dram doses of potassium bromide, with one or two grains of caffeine citrate, repeated in one or two hours. Decided relief was experienced, and the treatment also helped to abort the attacks.

### Antitoxin in Tetanus.

Dr. K. B. Storrs reports the successful treatment of a case of acute tetanus treated with intracerebral injections of antitoxin. (The Lancet, Sept. 23, 1905.) The patient was a man with a wound on the back of the left hand, caused by a dirty piece of galvanized iron. Two days later he became very ill; headache, with pain and stiffness in the back of his neck. Two spasms followed. Immediately afterward 10 cubic centimeters of serum were injected into the second anterior frontal convolution on each side, and 10 cubic centimeters into the skin over the abdomen. Chloral hydrate, 30 grains, was administered per rectum, and repeated every four hours. Patient slept for short periods during the night and symptoms improved. There were no more spasms. Antitoxin injections were continued, principally into the left arm and into the skin over the abdomen, during the next few days, and patient continued to improve. Before the expiration of three weeks he was discharged quite well.

### X-rays in Dermatology.

Dr. Gordon G. Burdick, of Chicago, discussed the present status of radiotherapy at the recent meeting of the American Roentgen Ray Society. (Med. News, Oct. 21, 1905.) There is

now no question, he thinks, of the specific field of the Roentgen ray in all forms of acne, lupus, eczema, psoriasis, pruritus, tinea, sycosis, mycosis fungoides, senile keratosis, venereal condylomata and hyperidrosis. About 18 per cent. of the cases of lupus erythematosus are cured by the rays, and 30 per cent. are improved.

He has treated 80 cases of epithelioma, involving the skin only, with no recurrence. When the tumor is situated at a mucocutaneous junction, the glands should be removed after a period of quiescence has been brought about by the X-ray. The Roentgen-ray treatment is sufficient in the great majority of cases. The knife should be used only where the tumor is situated favorably for radical removal. In cases having the characteristic odor, he anesthetizes the surface, and by means of the galvanic cautery drives into the tissue for a prolonged period of time zinc and mercury ions, following with the Roentgen ray after the separation of the slough.

In carcinoma, 18 cases were cured by vigorous treatment with the Roentgen ray. In 14 cases the tumors and enlarged glands disappeared completely; in 4 cases, they ceased growing.

Of sarcoma, the author believes that every case can be markedly benefited by a prolonged, mild radiation from an old, hard tube, well coated with aluminum, the thickness depending on the individual circumstances existing in each case.

### Treatment of Inflammation of the Sinuses.

Dr. W. G. B. Harland, of Philadelphia, advised active local treatment of inflamed sinuses at the recent meeting of the Medical Society of Pennsylvania. (N. Y. Med. Jour., Oct. 28, 1905.) Facial neuralgia, puffiness of the cheek, and a mucopurulent discharge suggest the trouble, tho the only symptoms might be post-nasal discharge or the subjective perception of odor.

Treatment should be rest in bed and hot, moist applications, calomel and salts, phenacetin, quinine and atropine in acute conditions. Locally, reduction of the turbinates with cocaine, 4 per cent, and adrenalin, 1:5000, on an applicator; a nasal wash, removal of part or whole of the middle turbinate, and washing of the antrum thru the inferior meatus or an alveolus. More threatening conditions should be referred to specialists. Milder cases could be treated with opiates and antineuralgics.

Dr. Pyfer, of Norristown, said that in every case of cold the sinuses were involved, the degree of headache corresponding to the degree of involvement. In these cases, in addition to internal medication, he prescribed the use of a spray of adrenalin and cocaine, followed by an alkaline solution.

Dr. Randall, of Philadelphia, spoke strongly against the use of cocaine, which he always used sparingly. In antrum cases, the pain was so habitually about the first and second molars that the nasal and sinus involvement was apt to be overlooked.

## The Hypophosphites, Their Action and Doses.

Editor CRITIC AND GUIDE:

In the *National Standard Dispensatory*, just issued, the following remarkable statement is made: "Calcium Hypophosphite is probably converted into a phosphate in the stomach and absorbed as a Lactophosphate. (?) It does not possess the property of stimulating or regenerating nervous matter and other tissues containing phosphorus, and has a physiological action wholly different from the latter substance.

"Because of the calcium base it has been given with asserted success in the treatment of rachitis, mollitis ossium, in fractures where union is sluggish, in dental caries (particularly in nursing women), and in scrofula and incipient tuberculosis. The drug is practically of no value in the later stages of phthisis, except that it may to a certain extent combat the accompanying anemia." (?)

Under the head of Sodium Hypophosphite, we quote from the same authority as follows: "The properties of Sodium Hypophosphite are similar to those possessed by the hypophosphites in general (see Calcii Hypophosphis)."

These statements are so radical and so contrary to the experience of the thousands of the medical profession who have prescribed hypophosphites for more than a half-century, who have demonstrated their remarkable influence on hematosis, stimulation of nervous and functional activity, in promoting oxygenation of tissues, and in all indications requiring the peculiar action of phosphorus in initiating and increasing metabolism, that such remarkable observations, contained in the most prominent text-book and commentary upon the U. S. Pharmacopœia published in this country, requires more proof than the mere assertion of the writer of the articles above quoted.

That the action of a hypophosphite differs from that of the element phosphorus is, of course, freely admitted. If a soluble hypophosphite, which is absorbed from the stomach within twenty to thirty minutes after its inhibition, is converted into phosphate and subsequently absorbed as a lactophosphate, it is of the highest importance that the writer of the above article should elucidate his opinion by an analysis of the reasoning by which he arrived at such a conclusion. The further proposition, so positively asserted, that calcium hypophosphite does not possess the property of stimulating or regenerating nervous matter and other tissues, is at absolute variance with the practical experience of physicians everywhere.

Has the profession nothing to say upon this important subject?

Inasmuch as the *National Standard Dispensatory* is relied upon as a guide to therapeutic knowledge, and is depended upon by a large class of prescribers for necessary information, it becomes imperative that the truth or falsity of the propositions quoted shall be determined by the crucial test of clinical experience by the medical profession itself.

The extraordinary doses recommended by both the U. S. Pharmacopœia and the *National Standard Dispensatory* can only be reconciled upon the plea that these salts are considered to be almost inert, and that they possess no properties capable of producing pathologic symptoms, no matter how large the amount administered.

Very truly yours,

New York R. W. GARDNER.

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## Euzone.

Euzone is the trade-name for chemically pure sodium perborate, which is used for the extemporaneous preparation of hydrogen peroxide. It is a white odorless powder representing 22 per cent. of $H_2 O_2$.

# Letters to the Editor.

Dear Dr. Robinson:

Upon opening the January number of the CRITIC AND GUIDE I was immediately conscious of a lively breeziness which blew over me the welcome news that—our editor had returned! Not that I had any fault to find but—there is a difference. Please help me out of a "tight" situation. What can a family physician, who is also a friend, do with the following case of physical, mental and moral derangement? Or is it altogether out of his scope? A poor little woman, slaving and devoted, mother of five, relieved herself of the product of conception, justifying the act at the time because the entire period of pregnancy had become one of helplessness and intolerable torture. She went at it, I imagine, like one would draw an aching tooth, and the results, as a matter of course, were disastrous. Women will not believe until they learn by painful experience that it is "better to bear the ills they have," etc. Well, after months of nervous prostration and the intolerable pains of endometritis, she has apparently recovered; now, however, her mind or conscience, what you will, is victimizing her and making of her a despondent, hopeless wreck. Her "right to life and happiness are forfeited because she is lost to all self-respect." Calls herself "monstrous," an "unnatural mother," a "murderer"—as, indeed, I suppose she is. She searches the criminal columns and compares her crime to those recorded there. Of course she doesn't say all this to "the doctor," but her husband is almost as miserable as she is, and burdens me with his anxiety. What say you? As a man without any morbid sentiment, your opinion and advice would be worth something. Please answer and forgive me if, for obvious reasons, I do not this time sign myself anything but YOUR FRIEND AND ADMIRER.

[The woman is not such a very terrible criminal—or this world is *filled* with very terrible criminals. We venture to say that the number of women who consider abortion a crime does not reach *two* per cent. While this is a case where moral suasion will do more good than drugs, still a general tonic regime combined with proper elimination will do good. A cholagogue is defined as a remedy which acts on the liver. This definition is not quite correct, because cholagogues very often act on the brain, too—clear it of fears and fantoms.

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### The Council of Pharmacy and Chemistry.

Editor CRITIC AND GUIDE:

With all the criticism, disinterested and otherwise, of the work of discriminating between new remedies undertaken by the American Medical Association thru its Council on Pharmacy and Chem-

istry, what manner of man is he that honestly believes there is not urgent need of some such work in this "free" land of ours. Glance over the lists of "new remedies" published in our journals every year. Some are patented synthetics, the result of laborious research in the laboratory, marketed only after careful physiologic experiments and clinical trials that have apparently demonstrated their worth. Others, hosts of them, mere proprietary mixtures, bearing fanciful trade-marked names, some of them recommended by Dr. So-and-So for value received, and, perhaps, some of them bearing the indorsement of honest but busy practitioners who thought they observed merit in them after anything but a thoro trial. If the general practitioner could but distinguish between them there would soon be an end to the new remedy evil, and those conscientiously brought forth would before long be tried, sorted, universally reported upon, and assigned their proper place as therapeutic agents.

As it is, the general attitude of the profession toward the host of heterogeneous new remedies is one of skepticism if not absolute antagonism. Extensive propaganda work is necessary to force on the attention of the practitioners even the most meritorious and promising of the new agents, and the manufacturers must take this expense into consideration in their price lists. And so progress in medicinal therapy lags, and pharmacist, physician and public are the losers thereby.

An impartial board of experts being needed, then, in the first instance, to sort for the busy physician the newer preparations of which and the pharmacologic research upon which stamp them as being worthy of careful clinical trial, where can we turn for the carrying on of this needful work if not to the representative medical association of America? Mistakes may be made in the beginning, and it is conceivable that harm even may be done to the reputation of some honest, efficient preparations the manufacturers of which may prefer not to abide by the ten rules formulated by the A. M. A., but the incalculable benefits to be derived from the work far outweigh any other consideration—adv.-hungry medical papers to the contrary. Then here's to great strides during the new year in the work of the Council on Pharmacy and Chemistry of the American Medical Association! Wishing the CRITIC AND GUIDE many years of usefulness. Fraternally,

CHARLES W. ROBERTS.

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One of the sanest articles on proprietary remedies that we have had the pleasure to read in a long time, is by Joseph W. England, in *The Monthly Cyclopedia of Practical Medicine* for February. It is entitled: "The Relation of the Manufacturing Pharmacist to the Medical Profession," and is an excellent resume of the subject.

# Book Notices.

The Internal Secretions and The Principles of Medicine. By Dr. Charles E. de M. Sajous. Volume I. 800 pages. With 42 illustrations. (F. A. Davis Company, Philadelphia.) Dr. Sajous' work on the internal secretions is not exactly new and it is beyond the scope of these book notices to give the volume a review in the real sense of the word. But we believe that this monumental work, which shows an erudition second to none and painstaking labor equalled by few, did not attract the attention to which it was entitled. Perhaps the book makes rather heavy reading, perhaps it is because the author does not belong to the "clique." Be it as it may, we believe that Dr. Sajous' book contains truths of tremendous importance, truths that will perhaps go far towards revolutionizing many of our ideas about the treatment of disease, and the object of this notice is to call the attention of the profession to the volume and to invite all earnest seekers after truth, all those in the vanguard of the medical profession—and they are not always those who own automobiles and have professional titles—to give Dr. Sajous a respectful hearing. Scoffing and shoulder-shrugging are no arguments and have never helped the world's progress along. Again we say: Study and ponder Dr. Sajous' great work.

Tanner's Poison Memoranda. Tenth Revised Edition. By Henry Leffman, A. M., M. D. [P. Blakiston's Son & Co., Philadelphia; 75 cents.] This popular manual treating of the detection of poisons and of the treatment of poisoning is now in its tenth edition. The treatment of formaldehyde poisoning and of snake bites has been added to this edition. We were rather surprised, however, not to see ammonia mentioned as an antidote to formaldehyde. As is well known, this is the best chemical antidote, forming hexamethylene-tetramine (urotropin). The toxicology of poisonous foods is also treated of briefly.

Quick and Easy Anatomy Methods. By E. Victor Frederick. F. A. Davis Co., Philadelphia. (50 cents.) We trust the publishers do not expect us to state that Frederick will completely replace and displace Gray. No, it will not. But it is a useful booklet all the same. From time immemorial anatomy has been the *bête noire* (and please, oh please, remember to write *noire* with a final e, because *bête* is feminine) of the medical student. Any device to facilitate the memorizing of the 1,002 anatomical points is perfectly legitimate, and this booklet contains a number of such devices. A medical student to whom we presented the little brochure states that he finds it useful in his studies, and that is a sufficient recommednation.

## Just to Break the Monotony.

(Light-Headed Matter.)

### Woman's Idea of Success.

A Kansas woman, Mrs. A. J. Stanley, of Lincoln, has been awarded a prize of $250 by a Boston firm for the best answer to the question, "What constitutes success?" She wrote: "He has achieved success who has lived well, laughed often and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved poppy, a perfect poem or a rescued soul; who has never lacked appreciation of earth's beauty or failed to express it; who has always looked for the best in others and given the best he had; whose life was an inspiration; whose memory a benediction."

### A Letter from Home.

Dear Jim: The crops is doing well,
The calf is big enough to sell;
I've traded off the brindle cow,
And we ain't got but one just now.
The hosses all is fat and sleek,
Except that Bob is ruther weak,
But that ain't nothing very queer;
We've had him nigh on twenty year.
I think I'll put the bottom field
In corn and oats; it oughter yield
A heavy crop; the land is rich,
And just the thing for oats and sich.
There ain't no news to speak of, Jim;
Miss Susie Jones is just as trim
As when you saw her in the fall.
The folks is well; I guess that's all—
But stop! I most forgot 'bout dad.
I 'xpect the news will make you sad.
You know that dad was getting old;
Just sixty years had o'er him rolled,
And so, I must regret to say,
*We chloroformed poor dad to-day.*
And that is all the news until
I write again. Your brother, BILL.

### A Striking Resemblance.

A Cincinnati man recently presented his wife with a piano lamp, which she said she would call after him. On asking her the reason, she replied: "Well, dear, it has a good deal of brass about it, it is handsome to look at, it is not remarkably brilliant, requires a good deal of attention, is sometimes unsteady on its legs, liable to explode when half full, flares up occasionally, is always out at bedtime, and is bound to smoke."

### The Editor's Lament.

Editing a newspaper is a nice thing. If we publish jokes people say we are rattle-brained. If we don't, we are fossils. If we publish original matter they say that we don't give them enough selections. If we give them selections they say we are too lazy to write. If we don't go to church we are heathens. If we do go we are hypocrites. If we remain at the office we ought to be out looking for news items. If we go out, then we are not attending to business. If we wear old clothes they laugh at us. If we wear good clothes they say we have a pull. Now, what are we to do? Just as likely as not some one will say that we stole this from an exchange. So we did.

**To the Memory of PIERRE CURIE,**
Discoverer of Radium. A true scientist and a modest man.
Born May 15 1859; died April 19, 1906.

MEDICO-PHARMACEUTICAL

# CRITIC & GUIDE

*WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.*

**1 year, $1. Single copy, 25c. Foreign, $1.50; 6 Sh.; 6 Mks; 8 Frcs.**

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth;
Than never to tell the truth for fear of making a mistake.

Vol. VI. NEW YORK, MAY 1906. No. 5.

## Editorials and Editorialettes.

To those who see the CRITIC AND GUIDE for the first time: Please read this number carefully. It will give you a fair idea of what the CRITIC AND GUIDE is.

We believe it to be a little different from the monthly mediocrities, which are so fearfully alike.

We believe it to be the only one of its kind.

We believe it has accomplished an immense amount of good during the three years of its existence.

It is a journal written with a considerable expenditure of gray matter and red corpuscles.

It is a journal to make people think.

If the CRITIC AND GUIDE appeals to you, send us your subscription.

## A WONDERFUL COUNTRY.

There is a canton in Switzerland which is more beautiful than all the rest, more richly endowed by Nature, more developed economically, more advanced in everything that constitutes true Progress and Civilization. The average tourist seldom or never visits that canton. It is too much out of the way, no railway or diligence leads there, and you are obliged to make the journey on foot—or on wings, if you have any. It is a long journey, but the labor is well repaid when you get there. I was bound to visit that place of which I had heard—and dreamed—so much, and I started out one Saturday morning, about 4 a. m. The night air was cool and bracing, I breathed deeply and it seemed to me that I hardly touched the ground. I felt happy, and rather soared than walked. After five hours' walk, at about 9 a. m. I entered the capital of the canton. What struck me first, was the remark-

able cleanness of the streets. The pavement was of a peculiar character; it was so soft, that it seemed to yield under your feet. Not a particle of dust. Two double rows of trees on each side of the street. Each house stood separately, surrounded by a little garden. Men, women and children were going to and fro, and whether imagination or not, it seemed to me that real, genuine happiness was shining out of every face. Everybody seemed to say: I feel happy, satisfied, I am glad I am alive. There was not a trace of that tension which you notice on the faces of New Yorkers, for instance, no "bags" under the eyes, no care-denoting lines, no wrinkles, in short, no tell-tale marks of hurry, worry, dissipation, sleeplessness, suffering, job-hunting, hunger-fear. Of course, they noticed I was a foreigner, and every one greeted me with a smile and a cheery good morning. I felt hungry. You never feel so hungry as after an Alpine tramp in the early morning. I entered into a dairy—the cleanliness of the place baffles description—took two glasses of milk and some rolls (and no $10 a plate dinner can ever taste as good), was surprised at the insignificant amount asked in payment, and proceeded to drink in the balmy air—the only beverage of which you can never drink too much—and to see the town. After walking forty or fifty blocks, I thought I would go and introduce myself to some physician or pharmacist and have a chat. It then struck me that all the time I had been walking, I had not noticed a single physician's sign, nor a single drug-store. I was rather surprised, and walked further. After roaming about aimlessly for another hour, I was about to ask a passer-by for an explanation of the phenomenon, when I noticed a large house, surrounded by a large garden, which, instinct told me, was a hospital. It had none of the outward signs of a hospital, but my surmise was right. I opened the gate, entered, and the gardner who was trimming some rose bushes, greeted me with extreme politeness and affability, and asked me whom I wanted to see. I told him the physician-in-chief. I soon stood before a gentleman whose personality I shall never forget, if I were to live another hundred years. Tall, broad-shouldered, clear-complexioned, beaming with strength, kindness and intelligence—such was, such is Dr. Boncoeur. Five minutes had not passed, and I thought we had been friends for years. I told him my astonishment at not having seen the sign of a single doctor or druggist; as each country has its own code of ethics, I thought perhaps it was unethical in this canton to display any sign at all, just as it is unethical in the United States to display the sign of your specialty. "No, my dear Dr. Robinson, you saw no signs of doctors and druggists, because there are practically no doctors and druggists in this canton." I thought he was joking. No, he was perfectly serious. "What would they do here? They would starve." Seeing that I was some-

what puzzled and nettled, he became serious. "I'll explain to you," he said. 'What are you, a general practitioner or a specialist?" I told him my specialty. "Well, one part of your specialty and the greater part, no doubt, is *entirely non-existent* in our canton. We haven't had a case of venereal disease, in oh, I don't know, how many years. What is the real cause of venereal disease? The real and only *ultimate* cause is prostitution. Prostitution is fed by, has back of it, two causes, and two causes only: Poverty and ignorance. Indeed, I might say: one cause, for ignorance, may, in our days be considered as an accompaniment of poverty. It is not only the poverty of the women—in fact, this is but a subsidiary cause—as the poverty of the men of all classes, which prevents them from marrying early, and thus creates a demand for prostitution. Whenever there is a demand, there is a supply. In our canton, the economic conditions are such that everybody who is willing to work is *sure* of a living, and our young men marry generally at the age of 18, 20, 22. A great deterrent to marriage in former times was, and in other countries is now, the fear of too many children. But regulation of reproduction is not only permitted here, but encouraged. The prevention of conception is not a crime, and people have children only when they want, and only as many as they want to. In a nutshell economic conditions are good, girls needn't sell their bodies to make a living, men marry early and create no demand, prostitution is non-existent, and its results, venereal diseases, have disappeared. So what would a venereal specialist do here?"

"How about marital infection? How about hereditary syphilis?"

"None whatsoever. While we passed no laws, public opinion was so strong in the case of man infecting his wife or causing her to bear syphilitic children, that men made pretty sure not to marry unless they were sure of themselves, of being clean and healthy. We have not at present a gonorrheic or syphilitic in the canton, and consequently there is no fear of infected wives or syphilitic children."

"How about skin diseases?"

"We have almost none. I once attended a skin clinic in Berlin. Out of 200 cases seen on one Sunday morning, I counted nearly 180 cases—or 90 per cent.—of eczema, trade dermatites, psoriasis, acne, scabies, pediculosis, etc., etc. Now practically all of these diseases are due to an improper mode of living, uncleanliness, too much beer, etc. We have eliminated all these factors and so skin disease is a rare thing indeed."

"How about surgery?" I asked.

"I confess we are rather poor surgeons, because we have so little surgery to do. Let us see." Here he took down from the shelf a big text-book on surgery, *"Gunshot wounds.* Two hun-

dred pages devoted to gunshot wounds. Well we have no gunshot wounds for the simple reason that we have no guns, no pistols. There isn't a fire-arm in the place. What could we do with them? No, we are not afraid of foreign invasion. *Railway accidents!* We have no railway accidents. First, we use the most perfect scientific safe-guards; second, our engineers and conductors are not overworked, and third, our people are never in a hurry. They get where they want to, but there is no rush and no crush and therefore no accident. *Treatment of strictures.* Having no gonorrheas, we also have no strictures to treat. *Fractures and dislocations.* There hasn't been a fracture or dislocation in this canton for at least fifty years. None should *ever* happen in an intelligent country where the people are civilized, cool-headed and careful."

"How about gynecology?" I asked. "Is it possible that you have no room for gynecologists? In our country, in the United States, gynecology is one of the busiest and best-paying specialties."

"Well, let us see again. Take off the diseases caused (1) by the non-gratification or perverted gratification of the natural sexual instinct, (2) by improper attempts at prevention of conception, (3) by deliberately induced abortion or attempts at abortion, (4) by gonorrheal infection from the husband, (5) by congestions due to colds, superinduced by improper clothing, dancing in overheated halls, etc., and (6) by labors conducted by ignorant midwives, and what is left for your gynecologist? Very little."

"How about tuberculosis?"

"That disease has been stamped out in our canton long ago. Tuberculosis is a disease of poverty, ignorance, poor food, vitiated air, and overwork All these causes have been removed here long ago."

"How about heredity?"

"Heredity plays but an insignificant role, and its influence can be entirely nullified by environment."

And so Dr. Boncoeur went thru the entire list of diseases and showed that approximately ninety per cent. were entirely avoidable diseases, avoidable accidents. And as it would not pay for physicians to engage in private practice, there is a municipal hospital in each town, with three to a dozen physicians, where the few cases of disease and accident that do occur are treated—free, of course. Nor are there any drug-stores. He showed me the hospital pharmacy, and I was astonished at the small number of drugs. "Well, it is better to have a small number of standardized drugs and active principles and know exactly what each one will do, than to have a lot of uncertain, unreliable preparations, administered on a guess." Here he smiled. "Oh, yes, I know what

is going on in the rest of the world, tho we do live rather secluded."

Naturally, Dr. Boncoeur invited me to lunch, and forever shall I carry with me the memory of those pleasant hours, passed in the company of the good doctor, his charming, trim, jolly and somewhat coquetish wife and his five sturdy children—three boys and two girls. We talked and talked and talked—or rather he talked and I listened dreamily. "Of course," I said, "as you have practically done away with doctors, you are certainly getting along without lawyers?" "Most certainly. There isn't a lawyer in the canton. Lawyers thrive on crime and dissension and if they do not actually disseminate the former, they certainly do the latter. And what do we want lawyers for? Crime is the result of poverty and ignorance. People are essentially good. It is poverty, or rather the fear of poverty that makes people graft, cheat, rob, lie, steal, adulterate, commit arson, forgeries, and perjuries, etc. The fear of poverty is absolutely unknown in our canton. A person is no more afraid that he will have no food to eat or no house to live in than he is afraid that he will have no air to breathe. There is plenty for everybody and the distribution of wealth being more equitable, there is no envy, jealousy or class-hatred. Occasional misunderstandings occur, but they are settled easily by an umpire or by some respected citizen, in whose keen judgment and unbiased mind every one has perfect confidence. We have many such citizens. You might call them judges; but they are not professional judges, and do not get paid. Do they study law? No. We have found out that it is not necessary to study law and statute books, in order to be able to decide questions according to right, justice and common sense. Every citizen is permeated with the spirit of fair play, and quarrels are nipped in the bud."

I spent a week with Dr. Boncoeur and his assistant, Bonsens, and I shall not attempt to put down all the delightful things I have seen and heard. Some other time. We drove thru the country, and the happiness and contentment on the faces of the inhabitants acted as a balm to my overstrung nerves. Of course there wasn't a policeman or a soldier in the canton; there wasn't a vestige of a jail, or of an insane asylum.

Happy people! Happy country! thought I, with a feeling of admiration mixed with a trace of envy.

Do you want to know the name of that wonderfully advanced canton?

Its name is The TWENTY-FIFTH CENTURY.

Do you want to know how to get there? Very easily. You can get there on the wings of your fancy, or when in the tight embrace of Morpheus. And you haven't a cent of railroad or steamship fare to pay.

## THE SO-CALLED AMERICAN MEDICAL (?) JOURNALIST.

*The Lawrence appendix vermiformis.*

Elbert Hubbard says: "Never explain. Your friends do not require it, your enemies will not believe you anyway." This advice would be safe to follow, if the world consisted just of friends and enemies. But this is not so. The large mass of humanity is neither your friend, nor your enemy. It is indifferent, impartial, and is necessarily influenced by what it hears or reads. The people at large cannot be expected to be familiar with the character of the sources from which certain statements emanate; the average man does not know, cannot believe the depths of degradation to which certain "journalists" have sunk. The average doctor does not know that there is a pack of hungry scribblers about, devoid of every sense of honesty and justice, sneering at the words morals and ethics, utterly conscienceless, ready and eager to prostitute their pen and talent—ready and eager to do the bidding of the boss, ready and eager to sell themselves to the highest bidder. Yes, we have the social evil in journalism, and there are brazen and shameless street-walkers in medical journalism, as there are in every day life.

But the uninitiated physician is not aware of all this, and it is therefore necessary to enlighten him once in a while, so that he may assume a more critical attitude in reading certain journals.

There is a certain small dinky publication, styling itself the *American Medical (?) Journalist.* It is with a feeling of inexpressible loathing and disgust that I bring myself to write about that prostitute sheet and I feel like apologizing to my readers for doing so. But it is necessary. For two years or more that sheet has been maligning, lying about, caricaturing, ridiculing and casting aspersion upon the CRITIC AND GUIDE, *The Journal of the American Medical Association,* and every other decent, aggressive publication. Knowing the source—the backers of that disreputable sheet—the CRITIC AND GUIDE would much prefer to treat it with that silent contempt which it deserves, but that sheet is sent out gratis to the physicians of the country; the physicians of the country do not know who the publishers and 'editor" of that publication are—for the whole publication is anonymous; they therefore may be misled. It is, therefore, a matter of simple duty to throw a little light on the origin, purpose, backing, why and wherefore of that publication.

What is the *American Medical Journalist?*

It is a small sheet issued at irregular intervals, and tho several years in existence, *having no second-class privileges.*

Who is its editor and publisher?

The head and front of that publication is one O'Gorman, a notorious nostrum advertiser, the factotum and lackey of Lawrence, who is the publisher of the *Medical Brief,* and the owner

of a number of nostrums. It is O'Gorman who has charge of the Lawrence advertising. It is necessary to bear this fact in mind in order to understand the venom and impotent rage of the so-called *American Medical Journalist.*

What is the object of that publication?

The general object and purpose of that publication is to defend the patent medicine frauds, no matter how vile and fraudulent they may be, to attack every honest journal, that tries to elevate medicine and pharmacy, to attempt to sow dissension in the ranks of the American Medical Association, and to fight and ridicule everything that is honest, decent and ethical in the medical profession. Its special venom, however, is directed against the editor of the J. A. M. A., and particularly the Editor of the CRITIC AND GUIDE.

Why is the so-called *American Medical Journalist* particularly venomous against the CRITIC AND GUIDE—more so than against any other journal in existence? Why does its "editor" not permit a single issue to pass without fuming and lying about the CRITIC AND GUIDE?

The reason is a very simple one. The *American Medical Journalist* is the mouthpiece of the nostrums of the lowest character. The Editor of the CRITIC AND GUIDE was the first one to effectually direct attention to the fraudulency and miserable character of many of the nostrums; it was due to his *initiative* that the advertisements of the Lawrence nostrums were kicked out from respectable and discriminating journals; it was due to his agitation that the sale of the numerous wretched frauds of secret composition has been cut to one-half, nay, to one-tenth the former amounts, some of them being *in extremis;* it was due to his efforts that the *Medical Brief,* O'Gorman's employer's journal, had to cut advertising puffs from its editorial pages; in short, it was due to the CRITIC AND GUIDE'S *initiative*—I do not claim the whole credit, but I do claim credit for the initiative —that so many nostrums are in a tottering condition, and that the Lawrence nostrums are rapidly sinking into innocuous desuetude. Hence the hirelings' concentrated fury and impotent rage is against the Editor of the CRITIC AND GUIDE. That is the sole and only reason, and it is well the profession should know it.

And now, let the puppy bark.

* *

*The Medical Brief Appendix-Vermiformis,* yclept the *American Medical (?) Journalist,* says on its first page: "No exchanges. No free list, except for ad. managers of medical journal advertisers." This is a lie (merely one of several hundred in each issue). The "Journal" is sent broadcast to physicians free. I have heard from at least fifty of our subscribers who called my attention to the February and March issues of the *Journalist,* which they had received by mail.

By the way, who pays for the slanders against the medical profession and the ethical journals? Why pays for sending the *American Medical (?) Journalist* broadcast thru the country? Why does O'Gorman, who is merely an advertising agent, father that ill-smelling abortion? He certainly does not make money from the journal *as such,* and nostrum advertisers have not been known to devote themselves to labors of love—so who pays for all that? Not Lawrence alone, surely?

* * *

Whenever you read a copy of the so-called *Am. Med. (?) Journalist,* remember its character. And know, that to be condemned by that sheet is an honor; to be commended by it— a disgrace.

* * *

It is stated that two or three physicians are helping O'Gorman in his nefarious work of attempting to destroy the American Medical Association. Their names are a deep secret. And well may they be. Believing as I do in the widest possible freedom of individual action, I nevertheless say such renegades deserve the deepest contempt and should be ostracized by every physician who has the interests of his profession at heart.

* * *

I have said just what I wanted to say. And let the advertising puppies and journalistic hyenas howl to their heart's content. I have performed a disagreeable duty.

Have I used too strong language? Not half strong enough to properly characterize the unprincipled journalistic hirelings and assassins, who are ready to malign, calumniate and assassinate any honest, aggressive man who exposes their employers' methods and injures their financial interests.

* * *

Nobody welcomes honest, vigorous, even sharp criticism, more than does the Editor of the CRITIC AND GUIDE. But dirty insinuations, malicious inuendoes and damnable lies must be characterized by their true adjectives:

**At the Atlantic City meeting of the American Medical Association, two nostrum concerns—The Liberty (Organic) Chemical Co. and the Phenalgin (Etna) Chemical Co. were particularly malicious in attacking the Editor of the Critic and Guide. They had their agents whispering insinuations, they sent out anonymous letters and littered the meeting halls with scurrilous circulars. Now both those concerns are dead. In another two years the O'Gorman combination, with its lying sheet and worthless nostrums, will be dead, and the Critic and Guide will live to pronounce the funeral oration. Mark our prophecy!**

*It is dangerous to attack the decent, progressive and aggressive element in the medical profession, as represented by the* CRITIC AND GUIDE.

## TINCTURE OF MUSK, A SUGGESTION AND A MORAL.

The physician of to-day knows little if anything of the value of one of the most unique articles in the materia-medica—musk, *Moschus moschiferus.* It is one of the greatest diffusible stimulants in the world. The old practitioners pinned their faith in it in critical moments, and many a case, in which dissolution seemed imminent, was tided over the dangerous point by its aid, and remained among the living. Now musk is used very seldom. Why? Because it is next to impossible to get an honest reliable preparation. The drug is very expensive, nobody has any special interest in pushing it, in other words there is no commercial interest behind it, and therefore the drug is neglected. In nine out of ten drug stores the drug is not to be found at all, and where you do find it, it is almost entirely worthless. I remember, one druggist showed me some turbid tincture of musk, which he frankly told me was *at least* sixteen years old. He had found it when he had bought the store sixteen years previously, and for all he knew it might have been thirty years old. No wonder a physician would get disappointing results. If a rich manufacturing house had a financial interest in musk, put it up on the market in small vials, in a proper aseptic condition, under its proper or preferably a trade-mark name, the drug would now be one of the most widely used cardiac and diffusible stimulants. This is my suggestion. The moral is obvious.

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## THE MEANNESS OF SOME PEOPLE IN REFERENCE TO DOCTORS.

The meanness of some people is without bounds. If you doubt it listen to the following story, which has recently engaged the French courts. In the neighborhood of Paris a woman after a violent quarrel with her brother shot herself in the head three times with a revolver. The brother at once called in two physicians; they both agreed that in order to save the patient's life a trephining would be necessary. The brother accordingly telephoned to a surgeon, Dr. Souligoux, who came immediately. The operation was performed, and the woman's life saved. The surgeon sent in a bill for 1400 fr. (280 dollars) which the brother refused to pay. This is not so rare, and we have heard of such things occurring in the city of New York. But the reason for the refusal of payment is extraordinary, and deserves being chronicled, as an example of supreme, hitherto unequalled cheek. The brother refused to pay on the plea that the doctor performed an act of charity, nothing more than *anyone else with the same skill would have done in his place;* therefore nothing was due him. The court, however, did not agree with this extraordinary brother and gave the surgeon the full amount of his claim. The British

Medical Journal is surprised that a lawyer low enough could have been found to take the brother's case, but if there are cases so mean and contemptible that *no* lawyer could be found to handle them, we have not heard of them. Have you?

## THE MAGIC BOOTS MAN.

Matthew Hilgert, the manufacturer of magic boots at $500 to $5,000 a pair, has been held for trial. Several readers have favored me with clippings, expressing the hope that I will "give it to him" in the next issue.

Strange to say, I cannot work up any indignation against that fellow Hilgert. I tried to, but couldn't. The reasons for this lack of indignation are probably these: First, the fellow did not fill his patients with poisonous or worthless drugs. Second, he did not prey upon the poor as the consumptive cure rascals and other fakirs chiefly do. He had to do with steel magnates, bishops, etc., and if they are such damphools as to allow themselves to be cheated by an ignorant shoemaker—well, it is their lookout. It doesn't bother me a bit.

But what do you think of our civilization anyway? What do you think of the intellectual acumen and mental breadth of our foremost citizens?

Is there any swindle, be it as open and barefaced as you wish, at which our cultured citizens and citizenesses will not bite?

## WHAT PLATFORM WILL WIN THE DAY?

The *Medical Standard* is a bright, vigorous and interesting journal. But we think that on the nostrum question it is slopping over just a little bit. Calm judgment, careful discrimination, fair play are necessary, but to proclaim that it makes no difference whether the physician knows the composition of fakealgin or not, that it makes no difference whether the poisonous humbugamnia is advertised to the laity or not—that is going just a little too far. The CRITIC AND GUIDE has abiding faith in the ultimate triumph of common-sense; it has abiding faith in the correctness of its own platform; it has abiding faith in the not very distant future this platform will become the platform of the entire profession, which will merely demand, as we do, that the composition of a preparation be not kept a secret, as to its essential constituents, and that if a potent preparation, it be *not* advertised to the laity.

Neither the extremists who, thru bias or ignorance, dub some of our most valuable proprietary remedies "dangerous nostrums," nor the venalists, who believe that a journal is merely a money-making medium, and the bars should be let down for all nostrums to enter, will win the day. The day will be won by—Rational Moderate Common Sense.

## SOME STRAY THOUGHTS.

I believe it is a bad thing for an editor or an editor-publisher to have to depend for a living exclusively on his journal. Unnoticeably, unconsciously he becomes a slave—a slave not only to his advertisers, but what is perhaps just as bad, to his readers. He no longer writes freely, spontaneously, unfetteredly. *Subconsciously,* he begins to be careful not to say anything which might offend his readers and lose him subscribers. Yes, it is a bad thing. Let us thank our fates that we are so situated that we can say anything we please, that we can express Truth as we see it, without caring a continental whether our valued and esteemed subscribers like it or not. These valued and esteemed subscribers have the privilege to say anything or most anything they like in our columns, and we should certainly be accorded the same privilege.

* * *

I believe one of the greatest curses, one of the greatest clogs in the wheels of progress is the fear that people have of expressing their thoughts in a plain unvarnished manner. That fear may be the fear of offending an employer or superior, a friend, an enemy, an advertiser, a subscriber, a relative. In fact, the fear may even have a laudable motive behind it, but it is injurious to the cause of progress, to the cause of truth, all the same.

* * *

If I were editing a capitalistic journal, I would take particular pleasure in printing letters and articles from socialistic readers; and *vice versa.* If I were editing a religious paper, I would take delight in printing atheistic contributions, and *vice versa.* I am editing an anti-nostrum journal, but my pages have always been open to the nostrumists, I have always given them a chance to be heard. And so it should be. A journal should be an open platform for all sides, it should be an open forum in the true sense of the word. Of course the articles must be intelligently written and must contain *arguments,* proofs, facts. To print silly tirades, mere abuse or all the unintelligible drivel that is sent in, is manifestly impossible. And this is the sole office of the editor—to select the best from all points of view. But to refuse to print a well-written, logical article, merely because the views therein presented are antagonistic to the policy of the journal, is immoral, unfair, unjust.

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## THE FORCE OF LIFE FRAUD.

We hear that it was a firm manufacturing "ethical" proprietaries, advertised in the best medical journals (J. A. M. A., etc.) that furnished the Force of Life Fraud Company with the necessary pills, tablets, etc. As soon as we get the facts with absolute certainty, so that there can be no question as to their cor-

rectness, we shall publish them in the *Critic and Guide*. They ought to make interesting reading.——*Critic and Guide,* March.

Well, we have investigated, and have found that it was the Norwich Pharmacal Company, and Parke, Davis & Co., that supplied that fake concern with the various pharmaceutical preparations. Who the manufacturers were of the "radium" or ray of life" capsules, we have been unable to ascertain.

This affair raises an interesting question: Is it right for a high class firm, like P., D. & Co., to furnish a low class concern like the Force of Life Co., with the preparations which the latter needs to carry on its business? There are two sides to the question, which I have discusssed with many people. Some say the manufacturing house is a purely commercial business; it has a perfect moral right to sell its goods to whoever wants them. Others, however, claim that high class ethical houses have no right to sell to, or manufacture goods for, fakes and frauds that make false claims for them and go directly to the public, thus injuring the medical profession and encouraging self-medication. Of course, in such cases, the retort is always ready: "If we don't sell, other houses will." But in the consideration of moral questions this kind of answer has been shown to have little or no force. Because if we don't do a certain thing, other people will do it, is no justification for us to do that thing. A druggist often justifies himself for selling morphine and cocaine to fiends by the plea that if he doesn't, his neighbor will. But neither the law nor ethics accepts such a plea.

The subject is an interesting one, and deserves further discussion.

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## FUNNY ADVICE BY FUNNY DOCTORS.

It is absurd to direct "good nourishing diet, rest, fresh air," etc., to a poor man or woman who has hardly enough to keep body and soul together. But this is thoughtlessly done every day. M. Brieux, the well-known author of Les Avaries, the play in which the ravages of syphilis are openly presented, discusses this subject in Le Matin. The following regime was prescribed for a patient who applied for treatment:

1. Avoid fatigue, damp and cold. 2. Clothe very warmly; wear flannel next to skin. 3. Eat well: underdone meat, 7 to 15 ounces a day, to be taken scraped and pounded in cold bouillon, or as balls in powdered sugar. Raw or soft boiled eggs—four to six, if possible eight to ten a day. Sardines in oil, two daily, butter, watercress, cooked and raw. A large cup of cocoa with milk in the morning. Beer with the meals.

And to whom was this regime given? To a beggar pedler, covered with filthy rags, who earned a few sous a day.

# Notes, Thoughts and Impressions

By the Editor.

## IDEALISTS AND REFORMERS.

To people who are perfectly satisfied with conditions as they are, who believe that our social structure, with its cutthroat competition, its political corruption, its horrible hypocrisy, its wage slavery, its prostitution, its fear of expressng one's thoughts, its superstitions, its race hatred, its jails and its suicides, etc., etc., is as perfect as it can be, to people to whom the word reformer always carries an opprobrium, being generally in their minds synonymous with the word crank, to people who look with contempt upon dreamers and idealists—to such people I have nothing to say. We stand upon different planes, we speak a different language, different blood courses in our veins, different vibrations set our hearts in motion, different thoughts stimulate and emanate from our cerebral cells. But to people who, tho weak and ignorant are groping for the truth and yearning to do some good—I have very much to say. And I mean to say it.

And the first thing I will say is that the only people who count are they who are trying to do something to make this world a better and happier place to live in. Money, commercial success, political success, fame—it is all trash, if not accompanied, if not permeated by the desire to do *good*. And one of the happiest signs of the times is that the rich are beginning to see things in the same light. And abnormal degenerates of the Rockefeller and Russell Sage type are getting rarer and rarer, thank God.

It is the idealists and reformers that will count in the long run.

## I BELIEVE.

I believe in absolute freedom of the spoken and written word.

I believe that the great authorities have frequently been the heaviest clogs in the wheels of progress and have frequently hindered the progress of medicine.

I believe that unpopular beliefs are just as likely to be right as the most popular ones, and often more so. I do not believe that a universally accepted belief must ipso facto be right—or wrong. It may be either.

I believe that he who dreams things is just as important as he who does things. Very often one can do things only because some one else has dreamed them before.

I believe that the majority is often....right.

I believe that cliques, machines and rings are the enemies of mankind, of civilization, of progress, of individuality. They should be curbed, restrained, or, best—destroyed.

I believe that organizations are necessary and useful so long as

they do not attempt to suppress individual liberty and expression and do not degenerate into cliques.

I plead for moderation, for discrimination, for sanity, for honesty, for fair play to everybody! The extremist is not only a nuisance, he is an injury to the cause which he espouses; by his overzealousness, he creates unnecessary enmity on the other side, and repels the moderate, fair and broadminded element.

And lastly, I believe with Ingersoll, that happiness is the only good, reason the only torch, justice the only worship, humanity the only religion and love the only priest.

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## THE CAREERIST.

A peculiar product of modern civilization is the careerist. There are two types of him. The one with a very elastic conscience or a total lack of it, who will do anything within legal bounds—lie, write contrary to his convictions, ride roughshod over opponents, etc., etc.—to make a career for himself. This type is well known, has been well known for centuries and it is not to him that I refer here. The type I refer to is generally a mild-mannered man, fairly able, often kind-hearted, quite honest, but determined to "make a career" by all means. He does not lie, but he will not tell the truth, if by so doing he will hurt his chances. He will never attack a fraud, for by so doing he may offend some people who have influence; he will never say a good word in defence of an unpopular cause, or an unpopular man, for fear he may hurt the feelings of the powers that be. In short, our modern careerist is not actively bad, but neither is he actively good. He is supremely egotistic and he generally "gets there." That he is not my ideal of a man goes without saying.

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We have before called attention to the fact that a great change is taking place in the public mind as to the necessity of enlightenment in reference to venereal diseases. The public is no longer getting a fit at the mention of the words syphilis and gonorrhea. When such a respectable lay journal as Charities devotes the greater part of an issue (Feb. 24), to a discussion of the Sexual and Venereal problem, then we have certainly a right to report: Progress.

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## DR. FAGNANI'S ADDRESS AT THE CENTENNIAL BANQUET.

That was a brave and bold speech that the Rev. Dr. Chas. P. Fagnani made at the Centennial Banquet of the New York C— Medical Society. When I saw that we were to be treate address by a Revenend on The Church and the Medic[illegible] sion, I prepared myself for a dish of platitudes, mixe[illegible] cheap flattery, with a little theology for sauce a[illegible]

peal to the deity for dessert. I was agreeably surprised. Many of the doctors present did not relish the unpalatable truths, and with some of the doctor's extreme statements we ourselves could not agree; but we orthodox physicians are in need of such sharp addresses once in a while. It cannot but do us good to see ourselves once in a while as some intellectual, radical people see us.

We repeat, it was courageous to come to the doctors and tell them that they didn't amount to so very much anyhow, and they didn't do their duty on all occasions.

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## GUILTY EDITORS.

One of the meanest things an editor can be guilty of is to refuse to print a correction, when he has made a misstatement, to rehabilitate a man, whom he has falsely accused, to acknowledge publicly, that he was in the wrong, when he is shown to have been so, when privately he is bound to recognize and admit that he erred. The meanest enemy of the Critic and Guide will not accuse it of ever having been guilty of such meanness and cowardice We challenge any man, subscriber to the Critic and Guide or not, to show that we ever refused to print a letter or statement which held views contrary to our own.

None of us is infallible, and as we cannot avoid making a mistake occasionally, we are certainly duty bound to correct the mistake when it is pointed out to us.

But it is mighty few mistakes the Critic and Guide has had to correct since its existence; for we are mighty careful. The most prominent motto in journalism, as in medicine, should be: noli nocere.

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## SPECIAL OFFER TO NEW SUBSCRIBERS, WHICH WILL NEVER NEVER BE REPEATED.

**The Critic and Guide is one dollar a year and is worth it. But we will make you a special offer: Send us ONE DOLLAR and we will send you the Critic and Guide until January 1908! and to those who remit at once, we will send the back copies for 1906 free. Do it now!**

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**☞ We will pay 15 cents for EACH and EVERY copy of the February 1906 issue of the Critic and Guide. Please send it along, if you care to part with it We need it to fill our new subscri ptions.**

## A Place for the Childless.

The vigorous President of these United States would have us believe that our usefulness as citizens and our right to existence is measured almost entirely by the number of our offspring—that the little ones of the household are the important milestones which indicate our worth in the world. The bachelor-man and bachelor-woman are made to hide their empty score-cards in shame and the obstetrician is placed upon a pedestal as the representative of the medical profession whose work is productive of results really worth while.

Dr. Frank P. Foster, the talented editor of *The New York Medical Journal,* however, is inclined to look more charitably upon those who are childless, and is inclined to feel that men and women may perform useful service without the man bending his neck under the yoke of the necessities of a hungry and rapidly growing family, or the woman devoting her entire period of active womanhood to the nursing and rearing of children. Aside from the argument which has been advanced, that there is some question as to the wisdom of producing a large family by those unable to properly care for them—in this very practical day when we are not fed with manna from heaven—Dr. Foster believes that there is reason for a few of us being childless even if we are not rank failures as money-makers. He says: 'Bachelors and virgins have been the saints of the world, and the childless have been the philanthropists, the founders of colleges, hospitals art collections, and libraries, the philosophers, the great writers, leaders and thinkers of the race. Plato, Joan of Arc, Savonarola, George Washington, David Hume, Locke, Spinoza, Thomas Carlyle, Florence Nightingale, Ruskin and Herbert Spencer are only a few of the great names in this class. An interesting volume could be written on the indebtedness of the world to childless men and women. The pattern of civic virtue with twelve unkempt children and a jaded, careworn wife has been held up for our admiration long enuf. Without decrying matrimony, we may now speak a good word for the respectable celibate."

Leave it to the man of moderate means, who is the father of ten husky children, who has a wife with constant back-ache and incidental irritability, and surround the family with the servant-girl problem of the day, and you will find that his opportunity for philosophy is reduced to a minimum, his time and ability for literary production or literary absorption equally stunted, and he becomes a cross between a worn wage-earner and an incompetent house-maid.

We needn't say that we agree on this point, both with the editor of *The New York Medical Journal* and the editor of *The Chicago Clinic.*

# Original Contributions.

(For the Critic and Guide.)

## Recent Advances in Diseases of the Upper Air Passages,

By W. Freudenthal, M. D., New York.

Honorary President Section Laryngology, XIV International Medical Congress, Visiting Laryngologist St. Mark's Hospital, Consulting Laryngologist Montefiore Home, and Bedford Sanitarium for Consumptives, Ex-President German Medical Society, etc. etc.

To give a review of the progress made by science in this special field in the last year or two is a difficult task, when this has to be done within the limits of but a few minutes. It will, therefore, not be my aim to discuss all that is new, but only that which promises to become permanent and an improvement upon former methods. In referring to these, the foreign literature will receive more attention than our own, in the belief that most of the contributions of any importance which have appeared in American journals are well known to you all.

In the field of etiological research a great deal that is of importance has been published in the last ten or fifteen years, and we now know that several parts of the upper air tract are the portals for the entrance of infectious organisms. Tuberculosis and rheumatism must be mentioned in this connection. Too much stress, however, has been laid upon the established fact that the faucial tonsils are found to be often involved in these two diseases, and from which it was concluded that they constitute the *main* portals for many an infectious microbe. At the last Congress of Internal Medicine, held at Wiesbaden, Dr. Gürich found articular rheumatism, or, as he terms it, tonsillar what as follows:

Articular rheumatism, according to our presents ideas, is caused by the entrance of a rheumatogenetic organism into the blood. Drugs have an effect only upon the virus thus circulating in the blood without being able to prevent the renewed entrance of the infection into the circulation. There is a tonsillar arthritis—in the same sense as a urethral or gonorrhoic arthritis. Gürich[1] reaches some surprising conclusions. He reasons somearthritis, is removed permanently and quickly when the primary tonsilitis is cured.

Now, according to Gürich, we find almost constantly in these cases diseased tonsils with formation of pus, etc. His "tonsillar therapy" consists in opening up the crypts and removing so much of the tonsil that almost nothing of it is left. So far, so good. We have nothing to say against the removal of *diseased* tonsils, be they hypertrophied or not. But when the author claims that the tonsils are the *main* portals of any infection and

require removal under *all* circumstances, we feel constrained to contradict him. The tonsils form only one part of the great mass of adenoid tissue called Waldeyer's ring, and this entire area is apt to be the point of entrance for many germs, mostly its upper portion in the nasopharynx where the well-known adenoid growths occur. The assertion of Gürich that during the last five years in which he practiced this "tonsillar therapy," he has cured the "great majority" of his rheumatics seems too optimistic. And it seems peculiar that we should remove a tonsil, even though nothing pathologic can be found. I cannot believe that many of us will adopt such a practice. The danger lies in overdoing things. Let me cite one case in my practice where this produced a fatal result. It was not a case of rheumatism but of tuberculosis. As the entrance for the virus is believed to be the same in both diseases. I may be permitted to refer to it here.

In June, 1902, I was called in consultation to see Mrs. X. She was suffering from advanced pulmonary and laryngeal tuberculosis, had been unable to take any food and was so weak that she could not sit up in bed. By daily topical applications to the larynx she was soon enabled to take solid nourishment, and within two weeks felt strong enough to leave the city.

We sent her to a popular resort in the care of a well-known colleague. The first thing we heard was that our patient had been operated upon. She had been put under general anesthesia (!!) and one slightly enlarged tonsil had been radically removed. Three days later she was dead in consequence of profuse hæmorrhages. The colleague who had done this piece of "tonsillar therapy"—by the way, without asking our permission—is fully conversant with the modern literature and undoubtedly he reasoned thus: The tonsils being the portals for the entrance of the tubercle bacilli, why not remove them? I wonder what good that would do in a patient over-saturated with the tubercle bacilli, with a big cavity in one lung, etc.? Extremes are bad either way. To overlook diseased tonsils is wrong. To remove them in such a case is—worse.

What the writer has always claimed is this: As the tonsils can be so readily examined and the presence of disease so readily determined, most physicians do not look to other parts of the Waldeyer's ring for the initial infection. A good many years ago I presented the proof for my theory that the upper portion of this ring, the region of the adenoid tissue at the vault of the pharynx, very often forms the portal for the primary infection in tuberculosis (and, by the way, what holds good for tuberculosis, is equally applicable to other infectious diseases).

Of late, however, my attention has been directed to another part, viz.: the region of the lingual tonsil. I was surprised to

find so many enlarged lingual tonsils in tuberculous patients in my service at the Montefiore Home and the Bedford Sanatorium for Consumptives. An examination of the inmates revealed the following facts:

At the City Home, where we have only advanced cases, 33 patients were examined and only 8 are found negative, *i.e., without* an enlarged lingual tonsil. The other 25 had all marked hypertrophies of the tonsillar tissue of that region.

At the Bedford Sanatorium 86 patients were examined (males and females), of which 59 were in the so-called first stage of pulmonary tuberculosis, 20 in the second stage, 5 in the third, and 2 unclassified. Of these 63 were found to have a markedly enlarged lingual tonsil, while of the rest (23) the majority showed *some* hypertrophy, those having normal conditions being the exceptions.

We see, therefore, that the results are about the same in both institutions and I believe the fact that hypertrophies of the lingual tonsil have been found so often must have some bearing upon tuberculosis. But whether it is the *cough* that causes this glandular tissue to enlarge, or whether it is the manifestation of a primary infection or of a secondary one extending from above, from the faucial or pharyngeal tonsil, can not be decided now. There is a large field for future fruitful investigations in this direction.

[*To be continued.*]

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## The Treatment of Sexual Weakness and Other Sexual Disorders in Man and Woman.

**Informal Chats with the General Practitioner.**

**By William J. Robinson, M. D.**

### DIURNAL POLLUTIONS AND SPERMATORRHEA.

In our last chat we discussed the subject of night pollutions. To-day we will take up diurnal pollutions and spermatorrhea. The three phenomena form the links of one chain. As I intimated before, they are not distinct entities, but are closely connected. Nocturnal pollutions, if too frequent and too long continued without any treatment, may become accompanied by diurnal pollutions. And it is important to bear in mind that while night pollutions may be physiologic, becoming pathologic only under certain circumstances, diurnal pollutions are always and unquestionably pathologic and require careful and persistent treatment. And it is further necessary to emphasize that day pollutions need not necessarily have any relation to, that is, be caused by anything of a sexual nature. At first the emissions are caused by mere proximity to the female sex, by dancing,

bicycle riding, etc., but later on, they may be caused by mere nervous excitement, by mere mental effort. For instance, I have known young men attending college, who would have emissions during examinations, when they would try to recollect something, or when they would try to solve a difficult mathematical problem. I have now a bookkeeper under treatment, who would occasionally suffer with emissions, whenever a mistake would occur and the figures would not tally after several attempts at correction. One patient who used to suffer with frequent night emissions got his first day emission while being cross-examined on the witness stand, and since then almost every kind of excitement would be sure to bring one on.

Spermatorrhea means the loss of semen, and we appply the term to the loss of seminal fluid, when unaccompanied by sexual excitement, erection, or even consciousness. Pollutions always imply an erection, no matter how transient and imperfect, but between extreme degrees of pollutions and spermatorrhea, the difference is one of degree and not of kind. In spermatorrhea the loss of semen may occur only during defecation; this is the mildest variety; if not treated, this variety may pass into the next variety, when the patient loses semen with each urination; and finally there arrives a stage when the loss of semen is practically continuous. The meatus is almost always moist and on examining the moisture under the microscope we find spermatozoa. They are as a rule not very active or motile, may be very few in number, but they are always there.

*Symptoms.*—Abnormal night emissions, day emissions and spermatorrhea being links of one and the same chain, the symptoms are practically the same, differing only in severity. Objectively the penis is found cold and shriveled and less sensitive to the electric current; the testicles are small and tender to the touch. The prostatic portion of the urethra is excruciatingly, exquisitely sensitive. The patient complains of headaches, of pains in the back of the head, of weakness in the *muscles of the neck* and of the spine, of a general uncomfortable sensation in the perineal region. His tongue is generally coated, he has no appetite, he is constipated, he is unable to walk stairs or run after a car without getting out of breath, and palpitation of the heart is very common; this palpitation may occur after the slightest physical effort, after stooping, after eating, or after the slightest mental excitement. There is a general feeling of languidness and lassitude, his legs feel *hot* and *heavy* in the afternoon and as he passes the last drops of urine, there *runs a quiver* thru his spine and body (symptoms by the way I have not seen mentioned by any other author).

But serious as the physical symptoms may be, the mental symptoms are more so. I am not referring to the hypochon-

driac notions induced in young innocents by the reading of quack literature. I refer to real symptoms, which we may notice in the most level headed persons, who are doing their utmost to fight and overcome them. The most prominent of those symptoms is a lack of concentration, inability to work steadily and continuously. A person suffering with diurnal pollutions and spermatorrhea can seldom hold a good position, requiring steady mental concentration or initiative. He may work in spurts and turn out good work, but he can not do it steadily. Every once in a while his mind becomes a blank and he is then, as he expresses it, "good for nothing." The next symptom is "lack of ambition." This is not a fanciful term, but expresses a true state of affairs. The patient does not care what happens; he does not care whether he is successful or not; he is "oversatiated" with life. Those are disagreeable patients to treat, but if you handle them gently, inspire them with confidence and really improve their condition, they gradually regain the *joie de vivre* and become exceedingly grateful and obedient. Another distressing symptom is loss of memory. This loss of memory in subjects suffering with excessive seminal losses, from whatever cause, has always been an extremely interesting subject to me. It shows, as nothing else can, the intimate relationship between the brain and sexual organs. As I have stated once before, the chemical composition of the brain substance and the seminal fluid is almost identical and the excessive drain of a vital fluid cannot but eventually affect the brain. And it is remarkable that as soon as you succeed in stopping the pollutions or the spermatorrhea, the *memory returns.* This is one of the important symptoms to show you and the patient that the treatment is really effective. For of course a mere improvement in the general condition, such as increased appetite, greater physical vigor, etc., is not difficult to produce in any patient.

As to the sexual condition of such individuals. The libido sexualis is as a rule diminished, tho in quite a respectable percentage of cases it is increased. The power, however, is invariably diminished. The patients are not impotent, but there is almost without exception ejaculatio praecox.

I will not go into the causes of diurnal pollutions and spermatorrhea, as they are practically the same as those of abnormal night emissions, which we have discussed the other day.

A word only about "false spermatorrhea." This is applied to the discharge of a clear viscid fluid, *devoid* of spermatozoa. It is really a prostatorrhea or urethrorrhea or both, and the term being misleading should be discarded. That it is of little significance as compared with true spematorrhea stands to reason. The mental symptoms which it may induce in susceptible youths who believe they are losing seminal fluid may be quite severe

and distressing, but they can be easily overcome, if you succeed in gaining the patient's confidence, so that he knows that whatever you say is so.

*Treatment.*—The statement that it is the patient and not the name of the disease that is to be treated has become threadbare with use. It is true, however, and of no class of diseases is it more true than of sexual diseases. He who intends to treat sexual diseases by set formulas, by prescriptions copied from old text-books, courts failure from the outset. It is of the utmost importance, it is an absolute sine qua non of successful treatment, to determine the *stage* of the disease, for the remedies that will prove of great benefit in the "plethoric," irritable stage, will aggravate the condition, aggravate it very much, if administered in the atonic, "paralytic" stage, and vice versa. It is so important to impress upon your mind this distinction that I will spend a few moments in illustrating my statement with one or two examples. The average practitioner knows in a general vague way that potassium bromide is useful in pollutions. Yes, it is. But in what stage? It is useful in healthy individuals, leading a more or less continent life and when the pollutions are accompanied by erotic dreams. In this condition the bromides are remarkably beneficial. When the pollutions occur, however, with great frequency, with very weak erections, or even without the person's consciousness, the bromides are positively pernicious. They are just as pernicious and injurious in spermatorrhea. And still they are prescribed indiscriminately. Dozens and dozens of times have I seen patients complaining that since taking a certain treatment their condition became worse. On examining their medicine I would invariably find potassium or sodium bromide. The same is true of strychnine. Strychnine is very useful in the atonic stage, but if administered in the plethoric or irritable stage it will prove injurious. Even cold baths or cold ablutions may prove harmful and may increase instead of diminisch the seminal emissions. In short, it is absolutely necessary to individualize, and individualization of every case should be your watchword. And, by the way, these prefatory remarks will show to you how much benefit may be expected from the "lost manhood" treatment advertised by the various charlatans and harpies that prey upon the credulity and weakness of mankind.

The treatment of any case of sexual disorder must be of three kinds: Moral, general and local. By moral treatment I mean explaining to the patient his exact condition, taking away his exaggerated fears and making it clear to him that with a little patience and help from his side, he *can* be cured, completely cured. We all know what exaggerated notions—fostered by quack literature—our lay and even medical patients en-

tertain about seminal losses. A patient who notices a drop or two of semen—which may not be semen at all, but prostatic fluid—exuding from the meatus after defecation, is sure that he is on the straight road to the insane asylum. Of course these depressing thoughts influence his entire system and a vicious circle is soon established. When you explain to him, however, that in one normal connection he loses more semen than he can lose in the other way in a week or two, and when you explain to him that the loss of a few drops after defecation is almost entirely a mechanical phenomenon, due to the pressure of hardened feces on the seminal vesicles, to the contraction of the muscles, etc., his fears are allayed and he enters upon the treatment more hopefully. I do not advocate ridiculing the patient's fears or telling him that his condition is "nothing." The latter is absurd, for the condition is not "nothing," but it is necessary to put things in their true perspective. Always explain to the patient his condition honestly, truthfully; this will gain you his willing, intelligent cooperation—and half of the battle is then won.

*General Treatment.*—In night pollutions, occurring in healthy individuals, accompanied with erections and erotic dreams, the bromides are of unquestionable value. I generally prescribe 10 to 15 grs. of KBr or NaBr at 4 p. m., the same dose at 8 p. m., and 20 to 30 grs. on going to bed. I prescribe powders which must be dispensed in wax papers. The patient is ordered to dissolve a powder in half a glass of plain or preferably carbonated water. Occasionally, I combine the bromide with lupulin and camphor monobromide, and in still more obstinate instances with hyoscyaminæ. A favorite combination of mine is the following:

Potassii bromidi.....gr. v
Camphoræ monobrom.....gr. ij
Lupulini optimi .....gr. v
Hyoscyaminæ hydrorb .....gr. 1-100
M. f. caps. sive pulv. No. 1.

S. One at 8 p. m. and one on going to bed.

*Ablutions.*—It is here that the physician so often sins in ordering ablutions with cold water. Cold water is followed by a reaction, which as a rule increases the erections and emissions. Ablutions if ordered at all should be with *lukewarm* water, and should not be followed by active rubbing. Dry gently by merely applying the towel or allow to dry spontaneously. Constipation or hardened feces must be guarded against by all possible means. Cascara, saline laxatives (but never aloes!), glycerin or gluten suppositories, enemata—anything to prevent constipation, hardened feces and straining at stool. Beginning at about 4 p. m., the amount of liquid should be reduced to a

minimum, while alcoholic liquids should be prohibited absolutely. Smoking in this stage is rather beneficial (as will be seen in the atonic stage, an entirely different state of affairs obtains). That the patient must sleep on his side, and not on his back, on a hard mattress, with not too heavy covering, must avoid promiscuous company, obscene literature, and must fight against lascivious thoughts, I will merely mention, as this is known even to the layman.

In nocturnal pollutions unaccompanied by any sensation and in diurnal pollutions, not due to any local or spinal irritation, strychnine is indicated. While I start with small doses—1-100 gr.—I sometimes run up as high as 1-12 gr. three times a day. I often combine it with hydrastine and ergotin, as in the following formula:

Strychn. sulph. (vel valeratis).....gr. 1-30
Hydrastinæ hydrochl.....gr. 1-4
Ergotin .....gr. ij

M. f. caps. No. 1. D. Tal. Dos. No. LX.

Sig. Caps. un. bis vel ter indic p. c.

(Of late I have been using the three drugs locally, but I will explain the exact method of employment elsewhere.) Cold water ablutions of the perineal region are very useful and the benefit derived from them is often immediate. Instead of plain water I have been prescribing for the last ten years the following:

I.—Etheris acetici ..... ℥iss
Ol. rosmarini ..... ℥ij
Ol. origani ..... ℥ij
II.—Ammonii chloridi ..... lb. I

Sig. Put teaspoonful of the liquid and tablespoonful of the powder in small basinful (1 qt.) of water and wash with sponge as directed, before going to bed (or night and morning).

I find that the ablution with this solution has a much more beneficial effect—both psychic and physical—and are performed more faithfully than is the case when water alone is ordered. The liquid medicine—at least the first two ingredients—were suggested to me by Prof. Fürbringer of Berlin, who is probably our best authority on the treatment of sexual diseases. In some cases where a strong stimulant effect is desired, I replace the oil of rosemary with oil of turpentine.

For the weakness, sometimes intolerable, of the neck and spine muscles, so often complained of by the sufferers from pollutions and spermatorrhea, we have three remedies: (1) Plastering the entire back with adhesive (or capsicum, or capsicum and belladona) plaster, leaving on for 5 to 10 days; (2) elec-

tricity, and (3) painting at night or night and morning with the following mixture:

| | |
|---|---|
| Chloroformi | ℥i |
| Tr. capsici | ℥ij |
| Tr. belladonnæ | ℥vi |

Paint quickly once or twice with camel's hair brush.

This mixture smarts pretty strongly for a minute or two, but the effects from its use will be a revelation to many physicians. Do not paint it over the entire length of the spine; use the upper third at the first application, second third at second application, etc., and then start over again from the neck. In this way no soreness is produced. As I said before, the relief of the muscular weakness and the general tonic effect on the entire system of this mixture are quite remarkable.

But important as the moral and general treatment is, it is but adjuvant to the *local* treatment—urethral and rectal—with which alone we can hope to attain a cure. But I see that we have chatted sufficiently to-day, and we shall have to leave a thoro, detailed consideration of the local treatment for next time.

[*Continued in June issue.*]

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## CAN GONORRHEA BE CURED?

Yes! In the treatment of gonorrhea I am not a pessimist. I believe that every case of gonorrhea, no matter of how long standing, can be *cured.* But, and this is an important but, some old neglected cases require infinite patience on the part of both patient and physician and honest, unalloyed confidence of the former in the latter. The very best thing that a physician can do when he notices that he does not possess the patient's full confidence is to send him away, to ask him politely to go elsewhere. Most probably the patient will come back.

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[For the Critic and Guide]

## Further Remarks on the Prevention of Conception.

By L. Jacobi, M. D., New York.

In a former issue of the CRITIC AND GUIDE we stated the problem and discussed it cursorily from a sociologic and from a medical point of view. We have seen that the propagation of the human race if left to itself would soon exceed the means of sustenance at present available. This disproportion has always been to a great extent restrained or moderated owing to the wholesale destruction of human life by wars and epidemics. Both of these terrible agencies are happily on the decline. Progressive civiliza-

tion gradually tends to substitute an industrial type of social structure for the militant type, while the efforts of progressive medical knowledge go far toward checking or even entirely suppressing the ravages of epidemic diseases, which have decimated the earth's population much more generally and thoroly than wars vould even do. The death-dealing forces of Nature, when directed against human life, leave such agencies as enmity between man and man far behind.

With the gradual elimination of wars and epidemics, and with the steady improvement of hygienic conditions, we must expect the pressure of overpopulation, if left unchecked, to become even greater in the future than it has been in the past.

These considerations are not limited to our own species. They are everywhere illustrated in Nature. In all species the tendency toward propagation is so powerful that, in the absence of opposing agencies, it would suffice to overrun the earth. For example: If all the eggs that are produced yearly by herrings were to develop into young, the herrings would in the course of a not very long time fill the oceans with one solid mass! The same tendency to spread is shown by plant life on the earth.

However, the given conditions of life are such that out of millions and millions of eggs or seeds, only a trifling minority develop into new animals or plants. The overwhelming majority are destroyed or left undeveloped.

It may be well for our sentimentalists to bear these data in mind, when they go into hysterics over the "criminal" loss of life, which would be entailed by preventing conception. The same "crime" is committed every time a girl menstruates and loses an ovum or several of them, without an attempt at giving them a chance of becoming fecundated. Instead of deploring the loss of life resulting from frustrated conception, they should consider the great amount of parental life shortened or crippled in numerous ways by the burdens of bearing and rearing excessively large families. To say nothing of the questionable advisability of giving the nation a large number of children rather than a smaller number of better fed and clothed and educated ones, it is doubtful whether we are justified in demanding or expecting undue sacrifice of parents in the interest of children. That such sacrifice can, and often is carried beyond rational limits, we all know.

We are thus brought face to face with the most vexing aspect of the entire problem, namely, the ethical. We use this last word, not in its sentimental connotation, but in the sense of the best form of conduct. What conduct is the correct, the most rational, in a word, the right one in this matter?

And here it may not be amiss to deplore the reticence and ignorance enveloping the entire sphere of sexual life. The words of Herbert Spencer, directed against the lack of any preparation for

parenthood in our educational system hold good of our own subject: "To tens of thousands that are killed, add hundreds of thousands that survive with feeble constitutions, and millions that grow up with constitutions not so strong as they should be; and you will have some idea of the curse inflicted on their offspring by parents, ignorant of the laws of life." Not on their offspring only, but on themselves, do parents inflict these curses, owing to ignorance or prejudice.

"To one way of going right, there are twenty ways of going wrong," remarks the same author, but we are very much afraid that the current wrong ways of dealing with the sexual problem are more numerous than twenty. And the worst of it is they are directed chiefly towards "cure" and not towards "prevention," which we are assured is the better of the two.

Our legal regulations, while intended to oppose this sort of "cure" are practically placing a premium on dishonesty and unscrupulousness. The self-respecting physicians wash their hands of the matter, and preserve their standing by refusing all inducements. As a result, the victims drift out of the hands of their family physicians into those of quacks, ignorant midwives, and such doctors as do not mind soiling their reputation by devoting themselves to a very profitable "specialty." It may well be asserted that many a life would have been saved if the 'help" had been given by a careful, scientifically trained physician, instead of the professional male or female abortionist.

There are many cases, various in their nature, in which a woman, having become pregnant, will seek to interrupt pregnancy at any risk. The proper treatment of these cases must follow the direction indicated by Oliver Wendell Holmes, when he remarked that a man's education should begin one hundred years before he is born. In other words, the treatment of undesirable pregnancy should begin before conception has taken place.

Then will commence the period of seven lean years for all those who now thrive by interrupting pregnancy, and if another Munchhauser should invite all doctors to a meeting on his airship and take them up above the clouds for a year, they would find on their return to earth that there have been no deaths from sepsis following abortion, while the birth rate had not perceptibly diminished.

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[For the Critic and Guide.]

## Contraception or The Prevention of Conception.

By Dr. E. B. Foote, Jr, M. D.

I have read your editorials on the above subject with great delight and interest. It is a question of the greatest importance and it needs fearless men to discuss it.

I can well remember having heard Prof. McLane of the College of Physicians and Surgeons say, when lecturing upon obstetrics,

that in case a woman came to him in a condition of pregnancy, having a pelvic deformity or other obstruction to safe delivery at full term, that he would abort her, and this he taught as the regular thing to do. Following up this simple statement, he said: "But what should I do were this same woman to come again in a pregnant state?" and he gave the answer to this question in very positive language to the effect that he would abort her seven times if necessary, or even seventy times seven; justifying this teaching with a less distinct remark upon the inability of women to control these accidents themselves, the implication being that wives were subject to their husbands, and not having control of their own persons, were not responsible for mistakes of the kind—becoming pregnant when abortion would be a necessary sequence. At that time the thought came quickly to me how much better it would be to grant such a woman the choice of either the control of her person or of conception. If she has a right to the insurance of life or the avoidance of fatal child-bearing at full term, and if abortion is justifiable as the means to this end, has she not a right to be protected against the injury of repeated abortions made necessary by enforced pregnancy? Some would doubtless solve the problem by recommending continence in marriage or separation. My idea of the best solution of it was that neither martial disunion or infelicity is necessary and that the best thing to do under the circumstances is to provide the woman with a safe and harmless contracept. Accordingly I sought a personal interview with my preceptor, Dr. McLane, to ask why this solution of the matter had not been accorded some consideration, but much to my surprise I found him as forcible in condemnation of contraception as he was in advocacy of "legal abortion." His talk on that occasion was so barren of good argument, and so evident merely an outburst of prejudice and passion, that I saw no cause to change my own opinion and no reason to respect his. In fact, I told him he was very illogical and left his house. These events occurred many years ago, but they are among my most vivid recollections, and the subject has continued to interest me from that day to this.

I will summarizze my idea as follows:

First—Under all circumstances contraception is preferable to abortion, and should as far as possible be substituted for it.

Second—The waste of seed which is not permitted to fructify, is, in the human species, better than a waste of products of conception.

Third—When it is discovered that a married woman can not bear a child with safety [that is, without dying in the attempt], it is better to contracept than to abort.

Fourth—When a woman has borne several children, has all she

can properly attend to, or is physically broken down by excessive child-bearing, contraception is wise.

Fifth—When because of ill-health of husband or wife, or other cause making it, in their opinion, unwise to propagate, it is justifiable to contracept.

Sixth—Deciding when to have children, and when not to have them, is a purely family affair, to be decided by the only two persons directly interested.

Seventh—The improvement of human stock, like that of live stock, requires that births should be result of design rather than accident.

Eighth—There is enough parental instinct, fatherly and motherly feeling, to insure the perpetuation of the race and of the best specimens of it.

Ninth—The virtue worth preserving is not that which merely depends upon fear of consequences, and where it is lacking fear does not save.

Tenth—Reckless reproduction and over-population are concomitants, if not direct causes of poverty, pauperism, prostitution, drunkenness, crime, imbecility, insanity, infanticide, etc., etc.; that regulation of reproduction would be one effective remedy, and that for the present contraception is essential to that regulation.

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[For the Critic and Guide.]

## Teaching Sex Matters in Public Schools.

By Morrison I. Swift, New York.

Competent authority estimates that from a million to a million and a half of innocent wives now alive in this country are suffering from syphilis or gonorrhea imported to them in the marriage bed by their husbands. The estimate is that upwards of 75 per cent. of the males of each generation contract one or other of these terrible veneral diseases at some time in their lives. The injury thus done to national vigor is beyond belief. Yet society is silent on the subject. Parents themselves are ignorant, because they were never taught; and most parents have a timidity about speaking to their children on matters of sex. In this field the physician has entirely neglected his duty, as he has in nearly every field.

So, not only do the sexual diseases flourish as if especially cultivated, but sexual excess in every form is indulged in. Masturbation is chronic among boys and young men, and widespread among girls; later it takes the form of over sexual gratification, either in the marriage state or illicitly. No one warns the youth while he is growing up; everyone is as silent about sex as if there were no sex; and the period of growth up is therefore a prepara-

tory school for the brothel. Thru ignorance gonorrhea is laughed off, altho it is in reality a deadly pest.

It is time for society to come to its senses on these things. If a man does not care for himself he should think of his children. If he does not care for his children he is a criminal and society must take him in charge. But most men do care for their offsprings, and they do not breed them soaked with venereal poisons from malicious intent. They do it from ignorance, and the crime is on society for letting them grow up in ignorance.

The remedy is to be found in a campaign of education. Private socicties, every community, and the State, should address themselves to a crusade of education in the sexual field, and to the stamping out of venereal diseases. But no work will be adequate unless the principles of sex are thoroughly and insistently taught to children in the public schools. The teaching should begin with the very youngest children. It is not a subject that can be once started and then left, for the feelings and impulses of sex are ever present with the young. The instruction must begin with the earliest steps of education, and continue to the latest, unfolding with the growth of maturity.

But the objection is made that if young children go sexually astray they are abnormal, and that the majority have no sexual stirrings until a certain age. On the contrary, a child is never too young to be sexually curious. Left in ignorance this curiosity will develop into some form of sexual vice. The vice will settle into a physiological habit, and very likely teaching postponed until puberty will be unable to dislodge the habit. The critical years of sex come long before puberty. And besides, there are many children mingling with the rest who have abnormally developed sexual propensities, and one such can vitiate an entire child community.

Another objection is that teaching would tend to suggest and prematurely arouse. Will you then leave your children to teach and arouse each other prematurely? That is what it comes to. Boys get their sexual schooling on the street, from the lips of profligate men, from their school companions. All this, while parents and trusted teachers are silent, is most inciting. But clear, cold scientific teaching would allay and protect, furnishing an arsenal of knowledge that would inhibit the passions. When parents compel the public schools to do their duty in the sexual field, the energy and intelligence of the American people will probably be doubled. An immediate educational crusade should be started by the public to bring them to do so.

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When you knock at the gates of heaven, St. Peter will smile benignly at you, when he finds that you worked for the success of the CRITIC AND GUIDE.

## Should the Public be Enlightened as to Venereal Diseases?

Egbert H. Grandin, M. D., New York.

It is my conviction that the ravages of the venereal diseases are tolerated only because of the widespread ignorance which pervades all classes, except the medical, in regard to their consequences from the standpoint of racial integrity and from the standpoint of the physical and mental wellbeing, in particular, of woman.

We are dealing with the solution of a problem where ignorance is *not* bliss but is misfortune, and where, therefore, it is folly *not* to be wise. No evil ever flourished long in the world's history after the limelight of knowledge had uncovered it, and I am convinced that neither gonorrhea nor syphilis can thrive in any community where force of public opinion is exerted against them. We may meet, and we may discuss, and we may resolve and thereby educate ourselves a little better, but we shall accomplish naught until the fathers and mothers of the land, the educators and legislators and pastors, having instructed themselves, proceed to instruct others. In short, the social—the sexual diseases must be spoken of in the open and not with bated breath, they must be fought from the front and not from ambush.

Of necessity, owing to my opportunities for investigation and practice, I shall look upon this question from the standpoint of woman. Gonorrhea and syphilis rarely endanger the life of man in these days of enlightened treatment. It is on woman that the burden falls heavy and the heavier in that she too frequently receives in innocence diseases which render her sterile, which drive her to the operating-room, which may kill her, and all the while the agent of her disaster leads her to think that she is blameworthy!

The sexual sense in most women, I believe, is a matter of education. Woman, except where she deliberately adopts prostitution as a trade, rarely seeks the man. He is the aggressor and she the recipient in ignorance of the danger she runs as regards health and, when she so desires, as regards maternity. Therefore, it holds that education in matters venereal should be given to her as well as to the man, for it is not conceivable that with such knowledge any woman, the possessor of a fair amount of judgment, would permit the approaches of a tainted man. Life and health when placed in the balance against gratification of appetite will outweigh. I am told, when such views are ventilated, that knowledge of this nature imparted to the girl, would injure her modesty. Far better that some of the bloom should be lost to the rose than that the woman of the future should be subjected to the venereal inoculations that they have received in the past. I believe, however, that the requisite information may be imparted to

the girl as well as to the boy without in any sense offending that innate modesty which constitutes woman's greatest attraction.

I take it for granted that the reader is familiar with the statistical data which prove the deleterious effects of the venereal diseases on the race and I pass to the educational methods which are requisite. The first steps in knowledge are acquired in the home. When the girl reaches the pubescent period she should be told by her mother about her sexual system and of the risks she runs should she abuse it or allow it to be abused. She is warned against small-pox—why should she not, and can she not be similarly warned against great-pox? She is warned against mating with an alcoholic—why should she not, can she not be warned against mating with a gonorrheic? The seed thus sown should be watered in her next phase of life—the school. Here, a woman physician should impress on the pupils the lesson learned at the mother's knee. When this girl reaches the nubile age she will demand a certificae of sexual cleanliness—and it is her right to have it—from the man who seeks to become her lord and master and too often to-day also becomes her innoculator with gonorrheal virus. Supposing the girl belongs to that class which from necessity seeks domestic service or which, when of tender years, must go to the department store or the factory to eke out a scant living (and I would state here that these places are too often the localities from which the sexual diseases are disseminated); the problem of education is somewhat different. Perhaps these girls have had no one to warn them either in the home circle or in the school. They prove a ready prey to the libertine who with oily tongue pictures to them the manner after which they may lead a life of greater luxury and who carefully conceals from them the diseases he or others like him is going to inoculate them with. Here is a field for good work. Interest employers of labor by educating them in matters venereal and endeavor to have attached to factories and similar places women physicians whose counsel along the right way may overcome the bad advice the girls otherwise will receive. Having the knowledge of the social evils such girls, as well as their more favored sisters, will not yield so frequently to the voice of the sexual tempter. Thus, in course of time, we may hope to see the sexual diseases diminish for lack of soil upon which to develop, for meantime the boy has been instructed along similar lines, and except where innately bad at heart, he will think twice before he risks acquiring disease; and he will hesitate long before he inoculates others. The professional libertine, the prostitute by choice, whether male or female, the law will take charge of as soon as public opinion has been enlightened sufficiently to demand this of the law. And then our boards of health will be compelled to class gonorrhea and syphilis with diphtheria and typhoid and scarlet fever, and thus the so-called

professional secret, under the protection of which hitherto the venereal diseases have hidden and have thriven, shall wither under the strong light of diffused knowledge and in the end the sexual diseases may be controlled even as are yellow fever and small-pox—and this through the force of education. The object of The Society of Sanitary and Moral Prophylaxis being the extermination of the venereal diseases through the diffusion of knowledge, it becomes its duty to publish and to disseminate tracts (to use a missionary phrase), containing information such as it appears proper to give the boy and the girl. Educate the parents and the teachers to cease blushing when such diseases are mentioned, and rather to consider it their duty to dwell upon them when opportunity offers. Nothing good ever came from throwing the cloak of modesty over a white sepulchre. Years ago scores of death certificates read "idopathic peritonitis." Now we know the causal factors and by timely eradication we forestall peritonitis and the death. Similarly, teach the people the exact meaning and intent of gonorrhea and syphilis and trust them to assist us in our crusade of eradication.

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## The Doctor.

'In the name of thousands of unbroken homes in which midnight hand-to-hand fights with death have been fought and won; in the name of thousands of lives rescued from abnormality and made useful! in the name of unshed tears and forestalled pain and baffled death—I doff my hat to-day to The Doctor.

May he never have use for his own medicine.

May each moment of pain he has saved others shine in the crown of his life like a bright star.

May the children to whom he has saved parents and the parents to whom he has saved children take time to acknowledge the doctor's worth.

May his patients pay him his bill.

And in the inevitable hour may a certain grim adversary recognize a noble foe and deal gently with the doctor.

The doctor's work is priestly in its character. It is the doctor who enters the sanctum sanctorum of the life and the home and learns its secrets. It is the doctor into whose keeping we give those interests which are guarded from the world. The smallest part of our faith in the doctor relates to health, or the physical appearances of life and death.

The doctor's work is more without the medicine case than with it. The medicine does not do the patient half as much good as the doctor does. When the croupy cough arouses at midnight there is healing in the mention of the family doctor's name, and hope enters the room with him. His medicine may be but some grandmother's remedy in which a hot cloth is the principal in-

gredient, but his coming, his cool examination, his calm verdict clears the atmosphere of gloom in a trice.

To-day thousands of doctors are performing their errands of mercy all over the land. While the laborer and merchant and other professional men are enjoying a Sunday rest the doctor is about his business. Some of them are entering the homes of the rich, others are driving a gig along the drifted country roads. Both kinds, if they met, would grasp hands in the brotherhood of a profession of mercy, and if the doctor in the boudoir of fashion were to compare notes with the doctor who just left the farmer's wife, it would be found that sickness belongs to a common humanity and that there is no more dignity and sweetness in the pains of society's favorite than there is in the pains of the plodding farmer.

The doctor comes before one in a new light when one calls up the vision of this great army of devoted, trained men going forth day by day and night for the healing of the nations.

In the streets of Russia where assassination reigns, the only vestige of humanity to be seen is in the doctors who go about to sew up the wounds inflicted by absolute monarchy.

In a railroad wreck in the far west the horror of the holocaust is being lessened by these volunteers who await neither orders nor suitable accommodations, but do their work with the deftness and tendernes of women—this work that tears at the nerves of the strongest man.

I have in my mind a recent case which illustrates how much of the doctor's work is without recompense save in a consciousness of duty done. A call came to a poor district. It was 11 o'clock at night. The messenger was a thinly clad little girl who shivered in the early winter wind.

"Would the doctor please go? If it wasn't for mamma I wouldn't ask you to go out this night."

The doctor had slightly frowned at the first request, but when the little one expressed as best she could her regret at asking the doctor to go out on such a bitter night, he winced—looking first at her poor, thin dress and then at his big fur overcoat and overshoes and gloves.

There was a hasty push of a button. An automobile came to the door in charge of the doctor's man. The doctor lifted the little one in beside him, tucked the robes about her and steered away for the stricken home.

"Pneumonia," was what the doctor said when he had finished his examination.

Leaving the room where the children sat wide-eyed at the sudden appearance of an automobile and the big kind doctor, he went into the kitchen.

"Good God!" he exclaimed, for he used a bit of emphatic

language now and again. "It's a wonder she isn't dead. I don't believe a horse could stand it as long as she did."

The stores were closed, so the doctor did the next best thing. He went next door, borrowed a few quarts of soft coal and made a fire. Then he sent his man for a nurse. A grocery wagon and a milkman stopped there the next morning. Then some coal came up. The nurse stayed.

It was a hard fight, but the woman pulled thru.

The doctor got a bill from the coal man, another from the nurse, another from the milkman, and more from the grocer and butcher.

The woman didn't get any bill.

There is no entry on the doctor's book for his professional services.

That is only one case out of many. Do you wonder I lift my hat to The Doctor?

The doctor is not glad to hear of sickness.

The study and advice of all good doctors is now toward the end of preventing as well as relieving sickness.

From the time the doctor starts on his rounds in the morning until he has answered his last night bell he hears nothing but the groanings of humanity, save when he hears that he is giving relief. His life is not a pleasant one. He cannot claim one night for sleep, one day for vacation. All the ulcers, the sores, the freaks of pain, the wages of sin, the penalty of ignorance are before him constantly. Therefore, if you meet him to-morrow don't mention that little pain you had after over-eating to-day. He hears enough of them.

The doctor will agree with you that medicine is not an exact science. You are not lessening his usefulness by having him admit that. The doctor will also agree that this generation suffers from a more varied lot of diseases than did our forefathers —but the doctor didn't invent them, did he? The doctor will also agree with you that there are better things than medicine, but this does not weaken his authority to say when medicine is necessary.

From the very fact that medicine cannot be classed among the exact sciences we can expect that doctors, of all students, will be the most progressive in their experiments and discoveries.

But for his good deeds, for his patience, for his skill, for his great share in the bearing of humanity's burdens, I doff my hat to The Doctor. May he live to see all his advice followed, all his patients cured and all his bills paid.—W. J. C., in *Detroit News*.

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Even the worst enemies of the CRITIC AND GUIDE—and goodness knows there are many of them—admit that the journal is "d—— interesting." If the enemies say so, what do you say, you in whom we trust to have gained, or to gain, a friend?

# Letters to the Editor.

Dear Doctor:—Your article on "The Prevention of Conception" is certainly a startler. I wholly agree with you. I do not believe in keeping things in the dark. I am glad you have the courage and the opportunity to make this subject a prominent one. We have all been sneaks and cowards on this subject. The laws of our land have made it a criminal act to attempt to furnish any information on a subject of so much importance as this. You will do a great deal of good.

I admire you very much and it will not decrease my admiration of you one whit, should I discover it to be true that you were the sole cause of the agitation against patent medicines. Stir things up; that is my theory. Let discussion pour in upon all subjects; and, if after a fair discussion, some things must go to the wall, they ought to go.

You are my sort of an editor. You dare to do things. Crack ahead. If I was a praying man, I would pray for you. In my own way, I *am* a praying man; and, in my own way, I shall pray for your success.

Very sincerely yours,

C. S. CARR, M. D.,
Editor Medical Talk.

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My dear Doctor:—A sample copy of C. and G. came in my morning mail and I am so pleased with the spirit of the journal that I hasten to send you $1 for a year's subscription. As I am always delighted to hear a preacher who is not hemmed in by the theology of the middle ages, so am I refreshed to read a journal edited by an editor who strikes from the shoulder without fear or favor. If I was gifted with the ability to properly express myself there is much I would like to say concerning the many things you have discussed in the March number, but I must forego this for more brilliant minds to handle. The question of sex has always appealed to me as one of far greater importance than many others which the profession have thought vital.

When a young man I thought physicians knew all about these matters, but was sadly disappointed to find by experience that they were, as a class, most densely ignorant concerning such things. During my years of training in medical school I never so much as heard the subject mentioned, but I do well remember the many hours I spent hatching eggs in the embryological department, and after ten years of patient waiting I have yet to see where it profited me one iota.

I shall look forward with keen interest to the monthly visits of the journal.

Sincerely yours,

Quincy, Illinois. A. L. STOCKS, M. D.

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### Championing John D. Rockefeller.

Dear Sir:—I have received a sample copy of the Critic and Guide. I doubt if nine lines ever before published so thoroughly disgusted nine men out of ten that read them as those you published on page 71 about John D. Rockefeller, Jr. J. D. Rockefeller, Jr., is a Christian young man, working in the interests of the Young Men's Christian Association, trying to make men better, live better lives, in morals and religion, and yet you, in blasphemy, say he is a "damfool." And why? Simply because he is the son of John D. Rockefeller. And what is he? When I commenced using coal oil for light, it was a

dark, ill-smelling fluid, costing fifty cents per gallon, and now you can buy kerosene, white and clean, at ten cents a gallon; and John D. Rockefeller, out of 7,000 Standard Oil stockholders has helped to make it so, and he has in a legitimate way made money and is now doing a vast amount of good with his riches, helping churches and colleges. And yet there are hundreds of thousands hooting because they cannot buy kerosene for less than it costs to take it from the earth, ship it to a refinery and refine it and put it into barrels ready for market. All honor to John D. Rockefeller! Yours truly,

H. G. Westlake, M. D., Hllsdale, N. Y.

[Every one is entitled to his opinion, but, Doctor, have you read Ida Tarbell? Please do so. As to giving away money for charity, read a certain passage in President Roosevelt's muck rake speech].

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My dear Doctor:—Your career strikingly illustrates the resoucefuiness of civilization. Infallibly, the right man bobs up at the right time. Your vervy and vital pen is responsively equal to the cry for help coming out of this latter-day situation. You are the Tom Lawson of the medical world, and that is no mean compliment. Your spraddled attitude when you jump with reference to frauds, is something to be eternally commended. Give 'em 'll, dear doctor, and while you are taking the brunt, we smaller fellows will do our little best in the way of hand-clapping.

Verily yours

Cleves, Ohio. W. C. COOPER,
Formerly Editor Medical Gleaner.

[Thank you, Dr. Cooper. But you are entirely too modest, when you class yourself among the smaller fellows.]

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[The March issue seemed to please immensely. At no time in the history of the CRITIC AND GUIDE did we register so many new subscriptions, and the enthusiasm of the readers, old and new, was quite exhilarating and encouraging. From the numberless letters received within the last few days we print a few].

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Dear Editor.—The CRITIC AND GUIDE appeals to me. SEND IT. Dr. Z. T. Miller, 2013 Carson St., Pittsburg, Pa.

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Gentlemen.—I have read a sample copy of your journal and am so well pleased with it that I wish to continue reading it in the future. Enclosed please find check for $3.00 for 4 years. Dr. J. O. Hughes, Norwood Park, Chicago, Ill.

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Dear Sir.—The March sample copy at hand, for which please accept my thanks. I like its general tone very much. Enclosed please find $1.00 for a year's subscription. L. F. Hazelton, M.D., 530 Oak St., Baraboo, Wis.

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My Dear Sir.—The CRITIC AND GUIDE is absolutely ideal and I think that even your enemies must respect you, even if they do hate you for the good you are doing in your line. We all like an honest man, especially if that honest man is not bigoted—that's you. John Eckert, 167 Ferry St., Newark, N. J.

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Dear Doctor.—I am reading the March number, and your first squib—page 71—compelled a genuine laugh—which compelled this subscription. Dr. P. J. Keegan, 48 Clinton Ave., Albany, N. Y.

My Dear Dr. Robinson.—Am reading the March number of your journal with as much interest as has ever been caused by any issue of any medical publication that I could mention. You certainly deserve congratulation because possessed of that rare quality "daring to do right." The whole world would be better off if there were but one-tenth the number of medical practitioners, provided each one did as much fair-minded thinking and as fearless writing as your good self. Yours sincerely, Charles Roome Parmele, 45 John St., New York City.

---

My Dear Dr. Robinson.—The March issue of the CRITIC AND GUIDE is a corker. I got started to tell you of some things in it that I particularly liked, but I stopped because I should have had to name about everything in it. Go on and keep at it. Fraternally yours, J. M. French, M.D., 2 S. Main St., Milford, Mass.

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Dear Doctor.—Enclosed please find my check for a year's subscription to your journal. The CRITIC AND GUIDE is certainly a model. Yours truly, Dr. X. Dodel, 1307 Howard St., San Francisco, Cal.

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Dear Doctor.—Enclosed please find check for $3.00 for 4 years' subscription to the CRITIC AND GUIDE. Yours truly, F. C. Bradner, M.D., 96 Engle St., Englewood, N. J.

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Dear Doctor.—Sample copy received and read thru. Enclosed please find my subscription. I want the journal for a year anyway. Very truly yours, Dr. J. F. Barnes, 38 Grove Ave., Glens Falls, N. Y.

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Dear Doctor.—Enclosed please find check for $3.00 for 4 years. If every issue is like the sample copy, it is all any reasonable man can ask. Dr. Manning L. Allen, Tama, Iowa.

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Dear Doctor.—Your sample copy of the CRITIC AND GUIDE has interested me far more than the several other medical journals I now receive. Enclosed please find my subscription. Success cannot fail you if you continue to pursue the principles you have adopted. Fraternally yours, L. C. Baribault, M. D., 63 Bartlett St., Lewiston, Me.

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Dear Doctor.—Enclosed please find my subscription to the CRITIC AND GUIDE. I received a March copy and feel that I received one dollar's worth of profit from that copy alone. Am heartily in sympathy with your stand on the proprietary medicine question. Your editorials are fearless. Wishing you much success, I am, fraternally yours, Dr. J. A. Hirsch, Edwardsville, Ill.

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Dear Dr. Robinson.—Enclosed please find my subscription. Have just perused sample copy of the CRITIC AND GUIDE and am pleased with the way you go for the patent proprietary medicines. Dr. A. C. Van Syckle, Mayor Hackettstown, N. J.

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Dear Doctor.—I received a sample copy of your journal and read it thru with interest and avidity. As an editor you are a corker. You have tone and morale. Your editorial speeches are a propos, fearless and intrepid, indicating stamina and back bone. You believe and have confidence in yourself: not afraid to say out what you think and think out what you say. Your little shotgun magazine wears an original garb. There is lots

of room for it. May it blaze away and prosper, and it will. The stuff you write is interesting, and it takes; not that anything you say is new or unknown, but it's how you say it. You tell facts in an undressed, pithy way and without circumlocution. That's why I enclose check. I want to get acquainted. Wishing you all success, I am, yours, Dr. Harry J. C. Maus, 465 Grand River Ave., Detroit, Mich.

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My Dear Dr. Robinson.—I received a sample copy of the CRITIC AND GUIDE, and it has been a source of considerable pleasure to me. If John Rockefeller, Jr., the Russian Dukes or some other equally meritorious individuals do not stop you from holding the mirror too closely to them, it seems to me that you will do a work equal to that of the greatest. Enclosed find check for a year's subscription. Yours sincerely, Dr. T. G. McGannon, Lowell, Mass.

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My Dear Mr. Robinson:—The Critic and Guide is the pioneer in its class; in fact it has created a class of its own, is doing good work, and is A No. 1 in each and every respect. May success crown its efforts in the future as it has in the past. Yours very truly,

William C. Stubenrauch, Ph. D. 949 Trinity Avenue.

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Dear Doctor:—Enclosed please find check for $2.00 for two years' subscription to The Critic and Guide. The Critic and Guide is worth to every druggist ten times more than its cost. With best wishes for your success,

Elisha Shamroy, 24 Jackson Street, N. Y. C.

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Dear Doctor:—Enclosed please find my subscription. The Critic and Guide has been a great treat and of its many admirable features I enjoyed most your fiendish ingenuity in making statements which generally provoked a shower of howling denials and protests from the enemy, but which statements, on calm analysis, you have always demonstrated to be moderate and truthful. With best wishes for your continued success, I am yours very truly,

Milton Franklin, M. D., 211 West 108th Street.

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Dear Doctor:—Enclosed please find check for two years' subscription to the Critic and Guide. I have just bought a drug store and as this is my first venture in business I would not like to be without the healthy influence of the Critic and Guide. Sincerely yours,

F. M. Sames, 3206 Third Avenue.

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Dear Sir:—Enclosed please find my subscription. I admire the style of the Critic and Guide and the courage of its editor. Fraternally yours,

Dr. J. E. Bickel, 506 East DeWald Street, Fort Wayne, Ind.

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Gentlemen:—Enclosed please find money order for $3.00 for four years' subscription to your excellent Critic and Guide. I have had the pleasure of reading a sample copy and am so well pleased with your journal that I desire to continue to read it in the future.

Dr. J. O. Hughes, Norwood, Chicago, Ill.

Dear Doctor:—I received a sample copy of the Critic and Guide and must say that I enjoyed it. Enclosed please find $1. Fraternally yours,
Dr. W. Lear Williams, Mont Carmel, Pa.

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Dear Doctor:—Sample copy of the Critic and Guide to hand and I read it with much interest. Enclosed please find my subscription. In advocating the regulation of conception, you are championing a most worthy and long neglected cause, which must eventually result in one of the greatest blessings ever bestowed on humanity and you state the truth in that it "will not be settled right until it becomes just as legitimate and just as proper to teach the people the prevention of conception as it is just and proper to teach them the prevention of disease." With earnest wishes for your success, I am sincerely yours,
Dr. De Monk, 706 Wood Avenue, Bridgeport, Conn.

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My Dear Doctor:—As a result of the perusal of your sample copy of the Critic and Guide, I enclose price of subscription for one year. Yours very truly,
J. F. Rodolphe Biron, M. D., Amesbury, Mass.

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Gentlemen:—Sample copy of your excellent journal received and read. I like the way you "speak out in meetin'," so I enclose money order for subscription. Continue to give it to the frauds and "may God have mercy on their poor souls." Fraternally,
S. W. Hopkins, M. D.Lod i, Cal.

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Dear Doctor:—Just received the March number of your most excellent and fearless journal (the first time, I regret to say, that I ever had the pleasure of seeing a copy), and I desire to become a subscriber. Please send the January and February numbers.—E. T. Rulison, M. D., 229-A State St., Schenectady, N. Y.

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Dear Doctor:—Enclosed find check for 1906. I get very little time to devote to any medical publication, which I consider very unfortunate, but yours is so pithy and the pithiness is so get-at-able that it is in my hands more often than any other and I am very glad to welcome it as a regular visitor.—Dr. H. E. Russugue, 1 Farmington Ave., Hartford, Conn.

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Dear Doctor:—Sample copy of your journel to hand today, and while I have only read as far as page 74, I have decided it just suits me and enclose $1.00 for 1906, commencing with January.—Dr. A. M. Parker, 47 Warren Ave., Boston, Mass.

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Dear Doctor:—Sample copy received and am very much pleased with same. There should be one like it in every city. Wishing you success, Dr. Max G. Schlotbom, 2710 Penn Ave., Pittsburg, Pa.

**To the memory of HENRIK IBSEN.**
The Greatest Dramatist and one of the Foremost Radicals of the Nineteenth Century. Born March 20th 1828. Died May 23d 1906.

MEDICO-PHARMACEUTICAL

# CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1. Single copy, 25c. Foreign, $1.50; 6 Sh.; 6 Mks; 8 Frcs.

The Editor of this Journal writes his own editorials, He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth;
Than never to tell the truth for fear of making a mistake,

Vol. VI. NEW YORK, JUNE 1906 No. 6.

## AN EXPLANATION.

In the May issue we offered to send back numbers of the CRITIC AND GUIDE for 1906 to new subscribers taking advantage of our special offer. With the exception of the February number we had about 800 copies of each of the other issues, and we thought that that number would be amply sufficient to satisfy all demands. In the middle of the year new subscriptions do not come in bunches. We have, however, been pleasantly surprised. Up to the present writing over two thousand (2,000) new subscriptions have been received, as a result of our offer—and with the best of will we are unable to send everybody a complete set of the back issues for 1906. We have just five complete sets left and those we want for binding. We have tried our utmost to get back copies, but unsuccessfully. Every reader seems to care for his CRITIC AND GUIDE sufficiently to want to preserve it in permanent form. It is with no feeling of vainglory that we say this—we merely state a fact. This being so, those of our new subscribers, who came in after all the spare back issues had been mailed, will have to forgive us for our inability to satisfy their demands. We trust, however, that even without the back issues our subscribers will find their investment a very satisfactory one.

The Editor also takes this opportunity to beg the indulgence of his correspondents for his failure to reply to their letters with his customary promptness. He is simply swamped with work. He has now over four hundred letters on his desk requiring a personal answer, and each day brings an additional hundred; how he will attend to them all, Allah only knows.

## THE PHARMACOPEIA AND THE PHYSICIAN.

Great lament is raised by the just sprung-up leaders over the fact that in spite of all the bolstering up, that in spite of all the advertising, the physician as a whole still obstinately refuses to buy the Pharmacopeia. Well, I'll let you into the secret. The physician refuses to buy the Pharmacopeia because to him—*horribile dictu*—it is an utterly useless book. Nobody is more ready and eager to buy books which will guide him and aid him in his practice than the physician is—as will be testified by our numerous successful medical publishing houses, but it is useless as well as unfair to try to sell him a gold brick. Honestly and truly, of what earthly value is our Pharmacopeia to the physician? What single fact can he glean from there, which will aid him in the treatment of his patients? Open the Pharmacopeia on any page—what will the physician find there? Methods of preparation, detailed (and often useless) methods of testing for impurities and assay processes. What interest can this have for him? The information a physician wants about a drug is its therapeutic action, its indications and contraindications, its incompatibles, its average and maximum dosage, etc. Does he find it in the Pharmacopeia? Not a bit of it. The "average' doses have been introduced in the last edition, and it would have been much better, if they had been left out, for they are exceedingly unsatisfactory, incorrect and misleading (as I will prove in another editorial). Let us give one or two examples. The physician looks up such a common drug as Potassium Iodide. It occupies a *full* closely printed page in the Pharmacopeia—but what is it all about? All about how to test for impurities. What interest has that for the physician? None whatsoever. Does he find its therapeutic action? No. Does he find at least with what drugs it should not be dispensed? No. All he finds is that the average dose is 7½ grains, which is *not* true and the physician knows better than that. And besides, wherever he will look for therapeutic action, incompatibles, etc., he will also find the dose, and he will find it given more extensively, within wider limits. Spiritus Aetheris Nitrosi occupies 1¾ pages. But it is all about method of preparation and assay. Nothing of value to the physician. Extractum Nucis Vomicae, Opii, Physostigmatis occupy about two pages each—merely method of preparation and assay. Not a word of value to the physician (not even to the pharmacist, but about this some other time).

That's all the "information" a physician finds about drugs which are in the Pharmacopeia and which he prescribes constantly. Take into consideration that the volume is encumbered with hundreds of worthless drugs and preparations which he never prescribes, take further into consideration that of hundreds of preparations which he prescribes daily the Pharmacopeia contains ***no***

*mention whatsoever,* and you will understand why in spite of the laments of some of our would-be leaders the U. S. P. will never become popular with the medical profession.

I know those opinions are heretodox and will tend to make me still more unpopular, if possible, with some of our orthodox mediocrities, but I can't help it. The truth above all. It is my duty to criticize and to guide and I do not care to see my medical readers misled and inveigled into to purchase of a, to them, utterly useless book.

P. S.—I will go further and will state that even to the *retail* pharmacist the U. S. P. is becoming a more and more useless volume. That I am not alone in my heresy, will be seen from the fact that in its list of Papers and Queries to be discussed at the next meeting the Pennsylvania Pharmaceutical Association has the following: (No. 25) "Is it true that the U. S. P. (Eighth Revision) is more of a manufacturer's handbook than a pharmacist's guide?" Yes, it is true, and I shall discuss the matter in a future editorial.

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## THE PNEUMONIA MORTALITY AND A QUESTION.

Prof. H. P. Loomis concludes an article entitled, "The Present Treatment of Pneumonia as Exemplified by the Routine Treatment of the Disease in Four of the New York Large Hospitals" (*Therap. Gazette,* Feb., 1906) with the following sentences: The mortality to-day in the various hospitals seems to me unusually high. In the four New York hospitals which I have investigated, the mortality varies from thirty-five to forty per cent. At the Presbyterian Hospital, in six hundred cases, the mortality was 34.8 per cent.; at the Roosevelt Hospital, from 1903 to 1905, the mortality was about 40 per cent.; at the New York Hospital, from 1893 to 1904, 38 per cent.

These statements give rise to very sad reflections. The first reflection is that it behooves us to be very, very humble. If in one hundred years, during which time medicine has made greater advances than in the preceding two thousand years, we have not succeeded in diminishing the pneumonia mortality one fraction of a per cent., then—we have still a lot to learn. The second reflection is: Does hospital treatment give as good results as it is cracked up to do? We do not believe it. We believe that private personal treatment at home—provided trained nurses and all other facilities can be had—is and will remain superior to the wholesale treatment in a hospital. We do not believe that the mortality in private practice is anywhere as high as the hospital mortality. The third reflection which we would make if we were a therapeutic nihilist would be this: Would the pneumonia mortality be much or any higher, if no treatment whatsoever were administered? But as we are not a therapeutic nihilist we will not make

this reflection, making another one instead, and the fourth reflection is this: In view of the positive, undeniable and universally admitted failure of our own regular, routine, orthodox treatment in pneumonia, have we any right to sneer at anybody who firmly and positively asserts that his plan of treatment gives superior results? And is it not our plain duty to give such a plan of treatment—unless it is a manifest absurdity on the face of it—a thoro, unbiased trial?

In conclusion, remember: It behooves us to be humble, and in therapeutics one honest man's opinion is as good as another's, and sometimes better.

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Let laboratory research go on, but let us remember that conclusions arrived at from experiments on frogs, guinea pigs and dogs are not always applicable to sick human beings.

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## THE PREVALENCE OF CRIMINAL ABORTION AND A QUESTION.

Dr. Q. W. Hunter, of Louisville, states in the Medical Age for March 25th, that as the result of a "calculation based upon correspondence with nearly one hundred physicians there came to the knowledge of the profession seventen abortions for every one hundred pregnancies; to these the committee believe may be added as many more that never come to the knowledge of the physician, making thirty-four, or one-third of all cases ending in miscarriage; that in the United States the number is not less than one hundred thousand, and the number of women who die from its immediate effects not less than six thousand per annum (from report of special committee on criminal abortion, Michigan State Board of Health). It is claimed that in the city of Chicago alone sixty thousand abortions are procured during a single year."

Now, you sanctimonious hyprocrites and brainless fools, who get fits at our honest and outspoken advocacy of the prevention of conception—which is the better way? Think rationally and logically for a minute, if you are capable of such unusual effort, and answer me: Which is the better way? Is it better to drive annually hundreds of thousands of women to invalidism and to untimely graves, or is it better to put in their hands a safe, sure and harmless means of regulating reproduction, so that criminal abortion may become a thing of the past? But what is the use? Schiller's famous dictum that against stupidity the gods themselves fight in vain, keeps on cropping up before me every time I write an editorial which runs counter to the opinions of ignorance and mediocrity.

## THE BOSTON MEETING OF THE AMERICAN MEDICAL ASS'N.

Every one knew that the Boston meeting would be a record-breaker, but few expected that it would put all previous meetings so far in the shade as to make the latter shun comparison. The attendance was double that of any previous meeting, the festivities were on an unexampled scale, the scientific program was of the highest character, and, what is more remarkable, the friction and ruction which were so confidently predicted by many wiseacres failed to materialize.

### THE SECTION OF PHARMACOLOGY AND THERAPEUTICS.

The attendance at the section of Pharmacology and Therapeutics was larger than at any previous meeting, and the program offered a wealth and variety of material. Dr. Thomas F. Reilly made an admirable chairman, and he and Secretary Hallberg are to be congratulated on the success of the Section. In his chairman's address, Dr. Reilly gave an excellent résumé of the therapeutic progress during the past year, and his recommendations were warmly applauded. Dr. Osborne gave a masterly résumé of the indications and contraindications of the Thyroid preparations, and the papers on Pharmacology of Digitalis, by Robert A. Hatcher, and the Pharmacology of Veratrum, by H. C. Wood, Jr., reached high-water mark. Dr. Hatcher's paper presented a résumé of our present knowledge of the principles of digitalis, while Dr. Wood's paper gave the results of original research. A word as to the last two papers. The wagging tongue of gossip spread the information that I "attacked" those papers at the meeting. Nothing of the kind. I said right there that I recognized the high character of the papers, but I claimed—and I claim so now—that such papers are not proper papers to be read at a meeting. It is difficult to follow them, and it is hard to discuss them. If such papers are read, then reprints should be furnished beforehand, so that they may be studied and discussed intelligently. In this connection I beg leave to reprint verbatim an editorial which I wrote four years ago, following the meeting at Saratoga.

### A LESSON FOR THE SECTION OF MATERIA MEDICA AND THERAPEUTICS.

Of the five sessions held by the Section of Materia Medica and Therapeutics, three were very well attended; in two the attendance was exceedingly poor. In looking for the cause we will find it in the character of the papers read at those sessions. Not that the papers at the poorly-attended sessions were valueless or non-scientific; on the contrary, they were of a scientific character and contained a good deal of information. But they were not practical—they were of a technical nature; they treated of physiology and chemistry; and these are sub-

jects in which the general practitioner is not much interested. At any rate, he does not consider them proper subjects for society papers; he thinks, and with right, that he can get information on those subjects to better advantage from text-books and periodical literature. To listen to a lot of technical details and figures giving the percentage composition of various reagents is neither interesting nor profitable, because it leaves no impression on the memory. We noticed evidence of great impatience on the faces of practically all the listeners, and several left during the reading of the papers. If we are to learn from the past how to conduct ourselves in the future, if we wish to have our sessions well attended, then let us in the name of common sense avoid technical papers. Let us get papers which are full of practical points, which treat of true therapeutics, which are likely to elicit a lively discussion—and then the chairman will have no occasion to complain of slim attendance.

The papers by A. L. Benedict, The Measurement of Diet in Ambulant Patients, and the Diet in Albuminuria—A Clinical Experimental Study, by Heinrich Stern, were of a high character and showed a large amount of original study and research. Dr. Fussel's paper, "Prescribing Versus Dispensing," precipitated the hottest discussion of any, some favoring prescribing, others just as positively favoring dispensing. The strongest arguments against dispensing were presented by the reader of the paper, the strongest arguments for dispensing by Dr. Calvin and Dr. Tracy of Boston. Nobody was converted, of course.

Dr. William F. Waugh's paper presented a study of Solanin, a principle little known, but which seems, according to the author, to possess great value in the treatment of epilepsy and as a general substitute for the bromides. Martin I. Wilbert's paper on the Coming Revision of U. S. P., contained many excellent suggestions and recommendations. Lyman F. Kebler entertained us with specimens of the most arrant patent medicine frauds, with which the gullible public is deceived, and to many it was just a revelation. The "lost manhood" restorers seem to be the favorite article of the quack, for undoubtedly they have the largest sale. When Dr. Solis Cohen speaks he always says something, and his paper, The Limit of Proprietorship in Materia Medica was listened to with the closest attention and called forth animated appreciative discussion. I do not agree with every point made therein—for instance, I do not care what the name of a preparation is, as long as I know its composition and am satisfied with its therapeutic action. But of course my not agreeing with every point does not diminish the value of the paper. Dr. A. Jacobi's

paper on the treatment of Inoperable Cancer with Methylthionine Hydrochloride may be considered the most important paper read before the Section. Dr. Jacobi's conservative statements of the results obtained by him will be sufficient to induce every practitioner to give Methylene Blue a trial in every case of inoperable (and why not operable also?) cancer.

In concluding this brief and hurried résumé—the pages of the CRITIC AND GUIDE are made up and the press is waiting—of the work of the Section on Pharmacology and Therapeutics, I will ask the same question that I asked at the meeting. Where were the fakirs? Atlantic City teemed with them and with their circulars. They were quite rampant at the Portland meeting when they knew the Editor was thousands of miles away, and could not take up the cudgels in his own behalf. This time, however, they were conspicuous by their absence. If they were present, they kept so well in the background that nobody could find them.

### THE COMMERCIAL EXHIBIT.

A comparison of, let us say, the commercial exhibit at Saratoga and the commercial exhibit at Boston would show what tremendous progress our Association has made. In Saratoga the exhibit was full of fakes, here there were practically none. The only one absurdity I noticed was the presence of Burnham's Soluble Iodine. How this "notable Twentieth Century Discovery" got in there, was more than Hallberg and myself could find out. Better control, however, will be exercised next year.

A remarkable feature also was the practically total doing away with sampling. The profession is tired of it and the manufacturers know it. But how well we remember the time when the country doctor came to the meetings of the A. M. A. to refill his stock on free samples! And he used to carry away trunkfuls. You remember at Saratoga how the doctors—and laymen, too—would leave the exhibit hall overloaded with samples, deposit them at their hotels and return for more. It was a great time, and a good thing it is gone. The profession has become more dignified. An artistic little souvenir, however, is not at all objectionable, and we must compliment the Arlington Chemical Company on their beautiful portfolio of engravings. It was highly appreciated by everybody who was fortunate enuf to get a copy. They are certainly past-masters in getting out booklets, pictures and things of that sort.

Wasn't it funny? Wasn't it the subtlest and finest irony? On our tickets it was printed that the rate was reduced "on account of the American Medical Association and the First Church of Christ, Scientist." In the West the doctors pro-

tested at the juxtaposition of True Science with Sham Science, and the railroad companies had separate tickets printed.

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The new magnificent Christian Science Temple was a sore in our eyes, a thorn in our flesh. That of all cities the cultured and intelligent Boston should contain the most magnificent concrete monumental testimony of mankind's ignorance, superstition and credulity was rather hard to bear, and it was humiliating. But then we rode a litle further and came to the New Harvard Medical School Buildings—and the humiliation became neutralized. What magnificent palaces! In no other city, in no other country is there a medical school building to compare with Harvard.

### THE MEDICAL EDITORS.

The meeting of the American Editors' Association was characterized by the usual flow of good feeling and a fairly interesting array of papers. Dr. C. F. Taylor, editor of the Medical World, demonstrated the letters with which the Antikamnia people are bombarding the laity, inducing the people to use Antikamnia for all kinds of ills, but a motion introduced by us that it was the sense of the Association that Antikamnia should be thrown out from all medical journals was tabled. Papers were read by Frank P. Foster, W. C. Abbott, J. E. Pilcher, Kenneth W. Millican, J. J. Taylor, William J. Robinson, T. D. Crothers, C. H. Hughes and Charles Wood Fassett. Comparisons are odious, but if I were to name the four best papers, they would be: Independent Journalism a Necessity for the Profession, by Kenneth W. Millican, editor of the St. Louis Medical Review: Proprietary Advertising, by W. C. Abbott, editor of the American Journal of Clinical Medicine: Independent Medical Journalism, by J. J. Taylor, editor of the Medical Council, and The Profession of Medical Editorship, by James Evelyn Pilcher, editor of the Journal of Military Surgeons. Dr. Taylor's paper was very humorous and elicited unstinted applause. The following officers were elected: President, James Evelyn Pilcher, editor Journal of Military Surgeons: first vice-president, Frank P. Foster, editor New York Medical Journal: second vice-president, Charles F. Taylor, editor Medical World: secretary and treasurer, J. MacDonald, Jr., editor American Journal of Surgery.

The banquet of the Editors' Association, which took place at the University Club, was a delightful affair: over the stories told we hasten to throw the mantle of Charity. We take this opportunity to thank Dr. Henry O. Marcy for his courtesy in having shown us thru the rooms of the Club. The view from the terrace overlooking the Charles River, with the brilliantly illuminated bridges, is charming and magnificent. Venice excepted, we cannot at the moment recall any prettier view.

## THE MEDICAL LIBRARY AND HISTORICAL JOURNAL.

How many physicians subscribe for, or even know of the existence of the above journal? Very few indeed. Well, it is time you should. It is an excellent journal, and of great interest to the intelligent physician who likes to delve into the past history of his profession. No, you will not find there any formulas for corn cures, nor will you learn how to treat a stomach ache, but it is a mine of pleasure to the deep student. It is one of the few journals for which I pay—(by the way it is time to send in my renewal subscription). It is published quarterly, costs $2.00 a year and is worth it. The only thing I have against it is its cumbersome name. I could have selected a better one.

## SOME PROPOSITIONS.

I beg to submit the following propositions. To some, some of the propositions may not seem to be directly connected, but to the discerning and elect the connection will be apparent, and so will the *raison d'être* of all of them.

I say that—

1. There is nothing wholly good, nothing wholly bad; nothing wholly true, nothing wholly false. The best contains something bad, the worst contains something good. Truth always contains some falsehood, and falsehood contains some truth. The DIFFERENCE IS ONLY IN THE PROPORTION.

2. There is no inconsistency, therefore, in both praising and criticizing a certain man, thing, cause, or movement.

3. If you prefer to scorn conventionalities and go your own way, and tell the Truth in your own way, and live your own life and follow your own lights, you must expect to be unpopular, to be misunderstood, to be maligned and lied about. This is the penalty for being ahead of your time and seeing things more clearly than the mob—educated and non-educated—does (yes, there is a cultured and educated mob, which is just as bad, in its way as the rabble is.

4. The reformer and the critic, applauded and encouraged as he may be, is liked by only a very small number of people. He has the ill-will of all those whom he criticized and exposed, and of that still larger number of people who fear they may be exposed or criticized. But it can't be helped.

5. It shows a petty mind and a small character in $x$, $y$ and $z$ to bear a personal grudge against the editor, because the latter, in the performance of what he considers his duty, felt impelled to criticize their standpoint or disagree with their opinions.

6. It is unquestionably true that the most important positions are at the present time occupied by mediocrities, with colorless gray matter, watery red corpuscles and gutta-percha backbones.

7. The editor of the CRITIC AND GUIDE represents no organization, clique or machine. He represents himself only and owes allegiance to nobody on earth. He is willing to lend his aid and influence to any movement which has for its object the uplifting of mankind, the intellectual and moral betterment of the human race; but even in such movements he reserves to himself the right to criticize what in his opinion deserves to be criticized.

8. In spite of occasional severe shocks to his optimism, the editor is still an optimist and firmly believes in the ultimate triumph of common sense, justice and sanity.

9. I am certain that our platform on the proprietary remedy question is the *right* one, has been right from the beginning and will ultimately win the day.

10. I am certain that those who adorn themselves with stolen plumage, appropriate to themselves the credit due to others and form cliques for their self-aggrandizement will ultimately be found out, and put back into their proper positions.

## ☞ WHY WE DO AND SHALL KEEP UP. ☜

If I were not absolutely convinced that the CRITIC AND GUIDE is one of the greatest agencies for good in the United States, I would cease publishing it. Do you think that the editing of a journal like the CRITIC AND GUIDE is nothing but fun and pleasure? Ah, well, friends, then you don't know; bless your innocence! To be caricatured and lampooned, to be lied about in the most dastardly manner by the frauds and scoundrels whose interests you have injured, and be the object of insinuations and inuendos by the drummers of the patent medicine manufacturers and by the hireling journalists who cannot call their souls their own, to be in frequent receipt of anonymous letters, scurrilous circulars and threats of libel suits—perhaps you, my dear reader, would enjoy all these things. I—I humbly confess it—do not enjoy them. And but for the conviction that I am doing positive good, that the CRITIC AND GUIDE is making people think, that the frauds and fakirs fear it, that it is becoming a power for good to be counted with—but for these redeeming features, I say, I would long ago have given up the fight and gone into a more peaceful, less strenuous and certainly more remunerative kind of journalism.

But man does not live by bread alone, and—noblesse oblige!

## INTERESTS EVERYBODY.

A number of physicians, pharmacists and advertisers told me that the Critic & Guide was the only journal, which, not only they, but their wives and children were expecting with impatience, and reading from cover to cover. Honest. Well, it is pretty good to be able to interest such a variety of people, with such diverse interests and mental standards.

# Notes, Thoughts and Impressions

By the Editor.

### What is Moral and What is Immoral.

Anything tending to bring about happiness is moral; anything tending to bring about unhappiness is immoral. We can never go wrong, if we apply this standard to every action, as to the ethical propriety of which we are in doubt. We are well aware of the fact that some acts bring about both happiness and unhappiness; that is, they may bring about both pain and pleasure to the same person, or they may cause happiness to some persons, and unhappiness to others. In such case, we must consider the relative amount of the two conditions. If we cause pain and suffering to a person in order to save him from greater pain and suffering, the act is moral. If we cause pain and suffering to one person in order to save thousands from torture and agony, the act is not only highly moral, but becomes superlatively noble.

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### Upton Sinclair's Jungle.

How they all howled! Sinclair was a muck-raker, a sensationalist, a liar, an assassin of reputations and everything else they could think of. And now! No author can be prouder and happier than is Upton Sinclair. The President acknowledged the truth and power of the book, and as a direct consequence of the exposures made in the Jungle, the Senate passed a bill calling for strict and rigorous inspection of the slaughter-houses and carcasses. We confess we ourselves thought that Sinclair's picture was painted in too dark colors, that it contained exaggerations and perhaps even distortions. It was difficult to believe that such horrible scoundrelism could be possible, that the millionaire packers could be guilty of such contemptible and miserable rascality—but, alas! it is all only too true.

Could there be a greater indictment of our present society, of our boasted civilization?

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### Take an Interest in Human Affairs.

Of course, first of all, a man should be a master of his profession or trade. A physician should devote the greater part of his leisure time to reading the latest books and periodical literature; it is his duty, as it should be his pleasure, to be fully abreast of the times in his profession. The same applies to the pharmacist, dentist, etc. But this is not enuf. Every professional man, besides being a professional man, must also be a man, a plain man, a citizen, and he should devote a part of his leisure time to follow-

ing up the progress of the world in general. It fills me with pity and humiliation to meet physicians—and this happens not so seldom—to whom the world outside of their narow sphere is almost a perfect blank. The world of literature, the remarkable progress in religion, the political upheaval, the fearful death struggle in Russia between the people and the murderous autocracy, the fight in France between Church and State—all this is a terra incognita to them. And they don't care. No, friends. The knowledge how to deliver a woman, how to relieve a stomach ache, how to pull a tooth or how to make up a hundred creosote pills does not relieve one from the obligation of being a MAN, and of taking an active part in the general current of human life.

Dear professional brother, don't be a clam!

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**The Loathsome Beef Packers.**

If it is true that rats were thrown into the hoppers and were chopped up for sausages, if it is true that hogs that died of cholera were rendered into lard, if it is true that cattle sick with the horrible disease actinomycosis had simply their heads removed, the carcases being passed for human consumption, if it is true that the sewer filth from Bubbly Creek was utilized for lard and sardine oil, if it is true that for years the nation has been deliberately poisoned with aniline colors and strong chemicals and disintegrated trichinæ, if all this is true—and *it is* true—would it be very anarchistic to suggest that Armour & Co., Swift & Co., Cudahy & Co., Nelson Morris & Co., and the other rich but loathsome rascals, should be hanged at once on a sour apple tree?

Muck racking? Unpleasant occupation, and the smell of the muck is horrible. But it is work that must be done, and blessings on those who do it. We must clean away the filth, before we can expect to stand firmly on clean, healthy ground.

But, God, aren't the conditions terrible?

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MOSES HARMAN.—The imprisonment of Moses Harman, the 75-year-old editor of *Lucifer,* for his articles on the sex question, is an unmitigated outrage and a piece of unalloyed barbarism. It makes absolutely no difference whether one agrees with Harman's ideas and his manner of expressing them or not. That has nothing to do with the question. The question is: Should people be harrassed, persecuted and imprisoned for giving expression to opinions which are unconventional and do not meet with the approval of mediæval prudes and ignoramuses? In a quarter of a century such outrages will be impossible and incredible. In the meantime all right-minded men and women must put their shoulder to the wheel and help uproot ignorant prudery and knavish Comstockism.

## A TYPICAL FAKE TESTIMONIAL.

It is a long time since I saw any write-up from the pen of the once prolific notorious Hooker Vail. I just came across a "testimonial" from his pen for a well-known fake manufactured by the James Alkaloidal Co. This testimonial is so good, shows such fine linguistic discernment, that it is worth while reproducing verbatim et literatim:

**Par Excellence (By Wm. Hooker Vail, M. D., St. Louis, Mo.)**

Your Mandragora Compositum and accompanying descriptive literature came safely to hand and I consider it par excellence. I am employing it in two cases in which it is indicated, and the effect on my patient is bewitching. I am enraptured with the necromantic consequences acquired from its usage.

Comment is unnecessary.

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## ARE WE AS CIVILIZED A NATION AS WE THINK WE ARE?

One of the world's greatest writers, a *true* genius, a man who has reached his position by virtue of his inherent powers in spite of all obstacles, a sincere, beautiful, noble and lovely nature, a man who could live the rest of his days in ease and comfort, but who prefers to risk his health, his life, his everything in order to free his countrymen from a murderous tyranny—such is Maxim Gorky. Because he separated from his first wife and married another woman without the sanction of the ignorant Russian Synod, our "society" has ostracized him, has turned away from him as if from one guilty of the most dishonorable acts. But let a syphilitic Russian duke come over here, let that duke be known to be guilty of the most heinous vices and crimes, let him be known to keep a regular harem at St. Petersburg, let him be known to be a hundred times guilty of the crime of rape, let him get drunk every day, or rather every night of his life, let his hands be red with the blood of innocent men, women and children, *and let all these facts be common knowledge,* and our "society" will fall all over itself to do that wretch honor and will make his stay here one gay round of pleasure and festivities; and our President will invite him to the White House. He who knows something about the Sultan of Turkey or the Shah of Persia knows that only after a very long search in the lowest Bowery dives could we find two persons so low, so debauched, so ignorant, so superstitious, so cowardly, so utterly brute-like in their tastes and mode of living. But let either of those worthies come to this country—and what a fuss we would make! Not only the yellow papers, but even the papers that give us only the news that's fit to print, would devote their front pages to the chronicling, with utmost detail, of the

exploits of those most depraved specimens of the human race.

You know that the picture is true. Such *are* the Russian dukes, the Sultan and the Shah, and so we *would* meet them here. This being true, the question: Are we as civilized a nation as we think we are? is perfectly legitimate and opportune. And the answer to the question I will leave to the thoughtful readers of the CRITIC AND GUIDE.

## BE NATURAL.

Be natural, be natural, be natural! Be a damned fool, be wise if you must (can't help it), be anything—only be natural! Almost any writer who is willing to be himself will amount to something—because we all amount to something, to about the same thing, at the roots. The trouble mostly is that writers become writers and cease to be men; writers reflect writers, writers again reflect writers, until the man is worn thin—worn thru.

The above words by Walt Whitman are more strong than elegant, but they may be earnestly recommended to a few of our "polished" writers. Some put on so much varnish, that the natural wood, the original color of the truth, can not even be guessed at.

## WE CAN'T SOMETIMES ALWAYS TELL.

What do you want with this vast, worthless area, this region of savages and wild beasts, of deserts and cactus, of shifting sands and prairie dogs? To what use could we ever put these great deserts or these great mountains, impenetrable and covered with snow? What can we ever hope to do with the western coast, rock-bound, cheerless and uninviting, and not a harbor on it? I will never vote one cent from the public treasury to place the Pacific coast one inch nearer Boston than it now is.

Thus spake Daniel Webster in the Senate. Well, he didn't guess right. Which goes to show that some of our greatest statesmen are not guaranteed against making wrong guesses or capital blunders.

## INDEPENDENCE

I believe the dearest possession a man gains is independence. It is obtained after the greatest struggles and sacrifices, and as it is the first possession a man should strive after, so it should be the last one to be given up. Do not be so naive as to think that all people in high places are independent: they are often the most fettered of slaves. You are truly independent, when you can live your life your own way, when you can follow or not follow customs and conventionalities, as you may see fit, when you can do or not do things according to your best judgment, when you can say or not say things according to your own light and the dictates of your conscience, in short when you can be your own self!

Oh, no, I never said that *all* things coming from St. Louis are fakes; nor did I say that *all* fakes come from St. Louis. What I did say—well change the word *all* to *most,* and the quotation will be correct.

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Will some one of our readers well acquainted with Andrew Carnegie drop the gentleman a hint that he would be doing a good thing if he endowed the CRITIC AND GUIDE with a fund, say, of half a million dollars, for the purpose of making it bigger, better and more widespread? Would I take the money? Yes, I would. I wouldn't take Rockefeller's money, for that is tainted. Worse than tainted—it excells Limburger in rankness. But Carnegie's money is of a fairly good quality; in fact, I think it is all right.

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## THE GAS MONOPOLY.

One of the meanest monopolies in this country is the Gas Trust. Everybody knows that he is robbed, everybody knows that the bills often bear no relation to the amount of gas consumed, everybody knows that the bills are now just as high (and higher) at $1.00 per 1,000 feet, as they were at $1.25, and they will be just as high at 80c per thousand. Everybody knows that, but the company impudently laughs in its sleeve, and keeps on stealing. No, reduction of the rate is *not* the remedy; the only remedy is municipal ownership. With all its alleged disadvantages it cannot be as bad as trust ownership. Only the gas barons themselves or their paid lackeys can be opposed to municipal ownership of the gas industry.

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## SIMPLIFIED SPELLING.

Everything comes to him who waits (tho sometimes it comes too late). Now with Carnegie and his millions at the wheel, spelling reform or—beg pardon—simplified spelling, is a certainty. Let us be glad that such abominations as though, although, through, etc., will cease to disfigure the English language. Isn't the crank of to-day the accepted leader of to-morrow? Spelling reformers have been considered somewhat cracked. There is a radical change, however, in the tone of the newspapers since the announcement of the organization of the Carnegie Simplified Spelling Board. The sneers have given way to respectful consideration. And thus it has always been.

The old fogies will hate to change, but they will have to follow suit.

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## THE SILENT COMPACT.

By Michael Monahan.

No sadder message comes to a writer in the course of a year than the news of some friendly tho unknown reader's death. Often you learn it only thru the return of the magazine, with the single word "Deceased" written across the wrapper. It is a word to give one pause, however engrossing the present occupa-

tion. Here was a man or woman who, tho personally unknown to you was yet, it may be, in spiritual touch with you—perhaps the best friendship of all. For him or her you wrote your thoughts—since all writing is to an unseen but familiar audience; for him or her you told the story of your own mind and heart, sure of a kindly understanding and sympathy—without this assurance, believe me, there would be little enough writing in this world. Every writer's message is conditioned—I would almost say dictated—by this invisible but closely judging auditory. You get to know what your readers expect and this in the main you try to give them, tho often failing the mark. So the act of writing is a kind of tacit covenant and co-operation between the writer and the public. Indeed it is not I but you who hold the pen: or rather it is I who hold it but you who speak thru it and thru me.

This relation being understood, it is but natural that a writer should feel a sense of grief and loss on hearing of the death of some one who held him to this communion of thought and spirit. I am not sure that this grief would be more genuine had he personally known the lost one—our finest friendships, like the old classic divinities, veil themselves in a cloud. We wear ourselves out trying to maintain the common friendships of the house and street, and it is like matching faces with Proteus; in the end we become indifferent or wise.

But here was one whom you never saw—who lived half the length of the continent from you, or perhaps in the next town—no matter, you two had never met in the body. Your word did, however, come to him and called forth a genial response: he let you know that so far as you went, he set foot with you. Thenceforward you marched the more boldly, getting grace and courage and authority from this one's silent friendship and approval. You figured him as one who stood afar off—too far for you to see his face—and waved you a cheery salute; your soul hailed a fellow pilgrim. Now comes the word that he can go no further with you—rather, indeed, that he has outstripped your laggard pace and gone forward on the great Journey. You learn of his departure in the chance way I have mentioned—not being a friend in the conventional sense, the family do not think to send you any message or mourning card. You have but to feel that you are poorer by a friendship of the soul than you were yesterday: that you are going on in a sense, alone and unsupported, for this friend was a host: that you are not to look ever again for his written word of praise, which brought such gladness to your heart, or his delicate counsel that often helped you to a clearer vision of things. The silent compact is dissolved.

I set these lines here in loving and grateful memory of a few such friends of mine who died during the past year. May they live on to a higher purpose.

CHANCELOR DAY.—I have often said that some of the most miserable nonentities are at the head of our institutions of learning. Look at Chancelor Day. And what bright original intellects can be expected to issue from an institution presided over by such a genius?

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**Maternal Impressions.**

A married woman has five children, all boys. The fourth was born 18 months ago with a hare lip and cleft palate. The first operation for its relief took place during the first fortnight, and since then seven operations have finally led to complete success, leaving only a linear, slightly raised scar as evidence of former deformity. When this child was about nine months old and still under treatment, his mother again became pregnant, and when her fifth son was born two weeks ago her first question was, 'Is its lip marked?" Sure enough, it was, not with hare lip or cleft palate, but with a linear raised scar extending from the left nostril to the lip, identical with that of his brother. The mother tells me that at the time she became pregnant with her fourth son there was a man and woman in the same village each with a hare lip, and although she did not fear any evil result to her offspring from seeing them, she was "constantly dreaming about them." When the fifth son was conceived she was very anxious about the elder child who, at the time, had the scar resulting from the earlier operation. Thus reports Dr. G. Francis Smith in London Lancet for December 9th. Will the anti-maternal impressionists say that this was merely a coincidence? Perhaps; and perhaps not.

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**Sexual Continence.**

Can sexual continence be a cause of neuroses and psychoses? The personal qualities of the subject play an important part in this matter. Subjects in good physical and mental condition do not suffer any untoward symptoms from the practice of continence. Albrech von Heller tested on himself the effect of continence. At first he suffered from headache and general malaise, but this was soon replaced by a condition of mental alertness and vigor. The author states that continence may be absolutely harmless when practiced by men of serious minds and wholesome mental occupations, leading regular lives and living on simple but good food. For women it is much easier to practice continence, but they should have some wholesome mental work to keep their minds busy. The degenerate and neurasthenic may find it harmful to practice continence, but sometimes they are also considerably harmed by marriage—that sometimes serves as an exciting cause of psychoses or neuroses.—*Mental Diseases,* Prof. Kovalevski.

# Original Contributions

[For the Critic and Guide]

## SUPPRESSION OF PROSTITUTION

By Emory Lanphear, M. D., Ph. D., LL. D, St. Louis, Mo.
Formerly Professor of Operative Surgery in the Kansas City Medical College and Professor of Surgery in the St. Louis College of Physicians and Surgeons.

Every student of sociology and every earnest worker for the betterment of our race must view with alarm the present prevalence of open prostitution, not only in our great cities but in the small towns as well. It is estimated that more than 50,000 women in New York City are either openly selling themselves to the passing stranger or are maintained as "kept women" by men who pride themselves on a "private snap." The causes of this deplorable condition of affairs have been carefully studied and may be stated to be as follows:

1. The depravity of certain men, degenerates some—morbidly sensual most—who demand sexual attention from others than their wives. It cannot be seriously denied that the foundation of prostitution is the masculine element: there would be few brothels indeed if men did not supply them with money! And statistics show that a vast majority of lewd women are supported, not by the unmarried as one would at first thought suppose, but by married men. This has an immensely important bearing upon the cure of prostitution which I advocate.

2. The chief cause, so far as the women are concerned, is the desire of woman for fine clothes and luxurious surroundings, to be obtained by the least possible exertion: laziness coupled with the feminine craving for fine dresses, jewels, etc.

3. Another great cause is lack of education: nine-tenths of all American prostitutes can scarcely read and write, tho most of them "pick up" a smattering of knowledge, of music, etc., so that to the intoxicated admirer they pass for "refined fallen women." If a woman be handsome and well educated she is likely to become the wife of some man who can support her in at least a sembance of the luxury she longs for; if she be beautiful and illiterate she is more apt to lead a "life of shame," as it is called by church people.

4. Inherited degeneracy is important: a large proportion of American whores is made up of those who have (*a*) illiterate, (*b*) depraved, (*c*) drunken or (*d*) especially—neurotic parentage.

5. Sexual perversion: the smallest proportion may be traced to nymphomania or abnormal erotocism and to the various types of sexual degeneracy.

6. Seduction and abandonment have been too conspicuously placed heretofore: courtesans are apt to invent some sentimental story to account for their sexual laxity. A very small proportion may be traced to (*a*) abandonment by seducer, (*b*) expulsion from home on discovery of pregnancy, or (*c*) voluntary disappearance without funds to pay for abortion or confinement in a distant city.

Now as it must be admitted that to effect a cure the cause of this social disease must be removed, the chief question of interest is: What measures of prevention promise best results?

WRONG METHODS.—From time immemorial it has been the theory of the clergy that the "chips" must be "rescued" or "reformed;" and countless dollars have been expended in the vain hope of obliterating this most glaring defect of "Christian" nations. To-day in spite of all the reformatories, all of the sermons, all of the expenditure and all of the prayers, our great cities are more thronged by prosperous courtesans (not to mention the unfortunate street-walkers) than ever before in the history of mankind.

Since the institution of police "regulation" our legal friends have tried their best (under existing laws) to control—never to suppress; long ago they learned the futility of efforts at complete suppression—the traffic. To a certain extent they have succeeded in checking the unlimited spread of prostitution and have also rendered it less conspicuous. But any police judge of great experience will instantly corroborate the assertion that "raids" and "fines" and "jails" merely help to cover up, but not eradicate, the evil.

If, then, both churchmen and judges cannot do more than control the scourge—put it in moral quarantine as it were—why have they not succeeded in their efforts? And what can be done better than they have attempted?

The answer to each question is easy; and the attainment of the desired end equally easy if public sentiment can be enlisted in favor of the requisite measures.

The reason why preachers and lawyers have failed is because *they have addressed practically all of their reformatory and especially punitive measures to the wrong sex!*

I am very sure that little can be done, as mankind now exists, thru attempts to eradicate the evil by appealing to the better qualities of men; most of the men who frequent bawdy-houses are not easily influenced by friends or associates —they are "out for a good time" and generally get it (as well as the clap, with which they infect their unfortunate wives). Moral influences and education of male children may have much to do with prevention of prostitution in future, but at present something more radical must be adopted.

RIGHT METHOD.—I am equally sure that *practically every whore-house in Christendom can be closed within three years* by the adoption and enforcement of the following law:

Every week, without warning to the inmates, every known house of prostitution shall be raided. The women shall not be punisht; but every man caught shall be sent for thirty days to the workhouse! No fines shall be accepted in lieu of hard labor.

Were this rule followed to the letter, without favor to any, prostitution as a "business" would cease within an incredibly short time.

But—is there any city in the known world which has the courage to try it?

[The Editor knows a still more effective method. That method is to catch all males between the ages of fifteen and seventy and castrate them. Another thought: What good will my good friend Lanphear's method do in attempting to stamp out secret prostitution which is more dangerous than the open variety?]

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[For the Critic and Guide]

## Recent Advances in Diseases of the Upper Air Passages,

By W. Freudenthal, M. D., New York.

*(Concluded from May issue)*

In speaking of tuberculosis, nobody can deny the great progress that has been made of late in the treatment of tuberculous affections of the upper air tract. In an experience of fifteen years at the Montefiore Home, the writer had plenty of opportunities to note the great change that has come over these wretched sufferers. It is not too much to assert that the great majority of the patients can be relieved of their dysphagia and the irritating cough that has its origin in some part of the upper air tract. Great care and sacrifice of time by the house staff or the attending physician is of course required to accomplish this. The drugs that assist us so materially in this disease are orthoform, either pure or in my emulsion, and anæsthesin. Only *very* exceptionally have I made use of cocaine. For several months a new local analgesic has been tried—*i. e.*, Alypin. I have used it in this connection according to Prof. Seiffert's recommendation in a 1 per cent. solution by inhalation, in such cases where the affected area (ulcer) could not be reached by any other means. This drug, which is easily soluble in water, has so far given quite satisfactory results, but the writer's experience is not large enough to draw any definite conclusions. While speaking of alypin, I would like to mention that it has

given me great satisfaction in children. I have used a 10 per cent. solution in the nose without the slightest effect upon the heart. The age of the children ranged between 8 and 12.

Besides these drugs the different rays have been applied to the larynx externally and internally, and with varying results. The actinic rays, the Roentgen rays, the high frequency current, and the rays emanating from radium have all proved of some benefit in a limited number of cases.

Now, while it is true that the results as regards relief of very distressing symptoms are extremely satisfactory, it cannot be denied that definite cures of laryngeal tuberculosis are not so readily obtained. That depends in part upon the vitality, the constitution, and the power of resistance of the patient. To alter these the whole metabolism must be changed, and that is being tried by several observers abroad and here by means of injections of the old tuberculin of Koch.

Roepke had the best results with tuberculin in cases of mild laryngeal tuberculosis which were complicated with more or less advanced pulmonary tuberculosis. The writer has had some experience in this field, which will be published in extenso later. I would only mention here that we commenced with injections of 1-10 of a mgr. of tuberculin and increased the dose *very* slowly in the beginning. Thus every possible danger from the tuberculin was avoided. We feel encouraged to continue with these injections. So far they are the only means of attacking the disease itself and we ought to try them.

In tuberculosis nothing is more pernicious than the now prevalent apragmasia—*i. e.,* discarding all medications and giving the patients fresh air and diet. It demoralizes the patients to a great extent and robs the physician of the scientific stimulus for new ideas and new remedies. Dr. A. Jacobi, of this city, has written an excellent article on this subject (*Am. Med.,* Dec. 23, 1905), which should be read by every practitioner. It is high time that this *laisser-faire* practice be modified.

## PARAFFIN.

Marked progress has been made in relieving deformities of the face by the injection of paraffin. There is hardly a rhinologist who has not made use of this method in so-called saddle nose and other defects of a specific or traumatic nature. The cosmetic effect in most of these cases has been exceedingly satisfactory. Unfortunately, however, this procedure is not without danger and this danger in our work affects chiefly the eye. Several cases have been reported in which total blindness of one eye set in after injection of paraffin. It seems that this form of amaurosis is caused by particles of the paraffin getting into the arteria centralis retinæ and acting as an embolus. Uht-

hoff (*Berl. Klin. Woch.*, p. 1462, 1905) believes that such particles must have passed in a fluid condition thru the pulmonary circulation before they entered the retinal artery. Numerous *light* cases of embolism had been previously recorded and now the serious forms are beginning to come in. In this country one case of total blindness following paraffin injection into the nose has been reported by Hurd and Holden, and from abroad we hear of similar accidents occurring in the practice of Leiser, Moll, Mintz, Rohmer and Uhthoff. The last mentioned author also reports an interesting case of bilateral parraffin *tumors* of the upper and lower eyelids occurring after the injection, a very serious accident indeed.

Kirschner (*Berl. Klin. Woch.*, p. 1573, '05) saw a conductor who had received paraffin injections four years previously for saddle nose and later had been reported cured. The ultimate result, however, was the appearance of a tumorlike swelling at the root of the nose in the region of the inner canthus, so that vision was obstructed. The color of the skin on the dorsum nasi became bluish red, an unbearable tension followed and gangrene seemed imminent. Patient had to be operated and the mass removed.

All these cases remind us to be on our guard, and in order to prevent accidents we should follow the rules outlined by Uhthoff and others, viz.:

1. Do not inject too much paraffin at once. 2. Make the intervals between the injections long enough. 3. During injection cut off as completely as possible the circulation in the surrounding blood vessels. 4. The melting point of the paraffin should not be too low. 5. Avoid injections in a centripetal direction of larger venous vessels.

### RADIUM.

We mentioned above the different rays employed in tuberculosis, including also those emanating from radium. After the foolish enthusiasm displayed by some writers a few years ago, it now seems a pity that the whole question of radium treatment is being thrown overboard by most investigators. I say it is a pity, because I am fully convinced that humanity will derive material benefits from continued study of the therapeutic properties of these wonderful rays. Indeed, radium has been a help to us already in some cases. It shares with other rays (actinic and Roentgen rays especially) the power of relieving certain pains, and it has like the others brought to a cure cases of carcinoma of the skin of the face, of lupus and rodent ulcer. But in addition it seems to have some beneficial effect on internal malignant tumors, as of the esophagus, etc.; in other words, on growths situated in cavities

that can very easily be entered by the radium. It would be a great loss if these investigations should be dropped, and I sincerely hope that a number of reliable men will within the next few years give us some positive and definite data on this subject.

For *dry and atrophic catarrh of the nose,* Gustav Spiess of Frankfort-on-the-Main has used a new suction method, as he asserts, with good results (*Fränkel's Archiv für Laryngologie,* Bd. 17 Heft 2). I should not have made mention of this had I not known Prof. Spiess to be a very careful and reliable observer.

For the *endoscopic* examination of the maxillary sinus, Alfred Hirschmann of Berlin has devised several novel instruments. His *endoscope,* which is not more than 4 mm. in width, is introduced into the antrum thru an opening made in the alveolar process by a drill of about 6-7 mm.

This method may prove as important as cystoscopy and at least it is interesting.

The *submucous resection* of deflected septa and spurs, especially after the method of Ballenger, deserves to be enumerated among the advances made in nasal surgery.

The control of *nasal hemorrhage* has been a difficult task in some instances, an experience thru which every one of you has no doubt passed at least once in his practice. In special rhinologic work this happens after operations oftener than we care to have it.

In this field H. J. Mulford of Buffalo (*Am. Med.,* Dec. 23, '05) has introduced an innovation that is very promising. He injects hypodermatically at the nearest accessible point to the bleeding area, in this case into the tissue of the upper lip, 0.6 (10 m.) of adrenal extract (either 1:1000 or 1:2000). In three cases reported by him the bleeding stopped almost instantly. If this should prove true in other cases, it would mean a great step forward. To judge by analogy such a result seems to me possible. I was called to two patients with severe pulmonary hæmorrhages, and in each instance injections of adrenalin chloride, 15 m. (1:1000) sufficed to stop the profuse bleeding, apparently, at once. The injections, tho made into the arm, proved satisfactory. For that reason it may in nasal hæmorrhages perhaps be just as effective if we avoid the painful injection into the lip and choose another less sensitive point.

I cannot close these brief remarks without referring to Dr. R. H. M. Dawbarn of this city. In order to decrease the loss of blood in operations upon any part of the body he applies Esmarch's constriction to the upper part of the thigh or the arms, thus cutting off the chief blood supply. I have seen one case operated by Dr. Dawbarn, a removal of the superior max-

illa for osteoma, and must say that the loss of blood in this case as compared with my previous observations was exceptionally small. It is my conviction that in non-malignant tumors of the superior maxilla, the greatest danger, viz.: thru loss of blood, is thus avoided. I have no doubt that if you will try this method in accessory sinus work, in certain tonsillotomies, etc., you will obtain equally satisfactory results. Dr. Dawbarn has not published his experience as yet, but it is with his consent that I mention his method here.

In conclusion, I beg your indulgence for omitting much that is new and good, but as already mentioned, it was my intention to refer to only a few subjects pertaining to my specialty.

1003 Madison Avenue.

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[Written for the Critic and Guide]

## The Case of Charlie Van Stack.

In twelve letters.

By Edmund F. L Jenner, Digby N. S.

BOSTON, June 20, 1900.

Dear Allison:—In the course of a few days you will receive a visit from one Charles Van Stack; I have given him a letter of introduction to you. His father is a personal friend of mine, and I advised him to send the boy to Canada for the summer, and put him under your treatment. He is an ambitious youngster, and I'm sorry to say he has tried to do too much at Harvard. I've forbidden all reading for the entire vacation, and advised outdoor exercise ad libitum. As far as I know he has no bad habits—I believe he doesn't even smoke. I gave him a placebo, he has a copy of the prescription. I do not think he is a subject for medicine, all he requires is perfect mental rest, and unlimited physical exercise. Yours very sincerely,

JAMES RUSSELL, M.D.

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LAC DES SAPINS, Quebec, July 31, 1900.

Dear Russell:—Young Van Stack has been here three weeks, and I am glad to say he has improved very much in that time. The nervousness has practically disappeared, so has the insomnia. Between tennis, golf, and canoeing he is doing something all the time. I consider him a remarkably nice young fellow. I think he is about as handsome a lad as I have ever seen. I may not deem it necessary to write you again, unless it is to let you know when he is returning home. Yours truly,

JOHN ALLISON, M.D.

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LAC DES SAPINS, August 20, 1900.

Dear Russell:—I think it would be advisable if Mr. Van Stack were to recall Charlie at once. He is practically cured of his trouble, and it can do him no harm to return to Boston. I did not mention the fact that he had contracted a great friendship with a married lady, when I last wrote. She is quite young, most attractive, and the wife of one of the most unmitigated beasts in Canada. A few days ago, she consulted me about a "troublesome rash" which I now have no hesitation in pronouncing of syphilitic origin. Without going into details, I assured her that her case was a serious one, but she refused to listen to me, and is now taking the

"viavi" treatment, whatever that may be. Now Charlie is a very nice boy, and I have every reason to believe that she is a perfectly virtuous woman, but the fact remains that he is infatuated with her, and they are out boating together nearly every evening. You saw fit to place the boy under my care. Were he my son, I would far sooner take him into the mortuary of a smallpox hospital, than expose him to the risk (even if it is a remote one) of contracting syphilis. It is impossible for me to go to the woman and tell her in plain words what the trouble is. It is doubly impossible for me to explain matters to the boy. I trust that you may be able to get him home without delay. Yours truly,

JOHN ALLISON, M.D.

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Office of Sanitas Medical Company.

NEW YORK, January 12, 1901.

To Mr. Van Stack.

Dear Sir:—In reply to your letter of January 10 I have considered your case most carefully. I fear that your indiscretion has brought its own punishment with it; if so, the only thing I can do is to mitigate that punishment by every means in my power. Would you mind communicating to me (in the strictest confidence, of course) the name of the lady from whom you have reason to believe you contracted the disease. The Sanitas Medical Company not only cures its patients, but it warns its patrons against those members of society who are "dangerous." I need hardly add that this is done in such a way as to render neither the company, or those furnishing it with information, liable to any legal proceedings. With regard to treatment, our charge is $100 for ordinary cases. In all cases we must ask for cash in advance. We return this amount in full, where we fail to make a cure. Where complications arise, we are obliged to make a slightly heavier charge. I have devoted the whole of my professional career to the investigation and cure of venereal disease. My patients can rely on three things—skill, promptness and reticence. I claim nothing more. Awaiting your reply, believe me, yours truly,

JOHN PROWLER, M.D., M.R.C.S. (London, Eng.)

Chief medical officer, Sanitas Medical Company, New York.

NEW YORK, June 15, 1901.

To Mr. Van Stack.

Dear Sir:—It affords me much pleasure to hear that you are so greatly improved in health. You have made an unusually rapid recovery, but I would advise you to continue my treatment for some time. I note what you say about your being short of money, and I am willing to live and let live. Send me fifty dollars, and I will send you a complete course of "special" treatment. I will also advise you from time to time, and make no charge for my services, other than the price of the medicine I send you. I have helped a number of young men out in similar circumstances. Should you decide to avail yourself of my offer, kindly write me at once.

Yours very sincerely,

JOHN PROWLER, M.D.

Chief medical officer, Sanitas Medical Company, New York.

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BOSTON, January 2, 1903.

Dear Alice:—You will be pleased to hear that the engagement between Charlie and Louise Richards is an accomplished fact at last. He is our only child, and his father and I have always wished him to marry early. You know what a sweet girl Louise is, she has every quality my husband and I could ask for in a prospective daughter-in-law, and Charlie is

simply devoted to her. You will be glad to hear that he has been much better of late. It is a dreadful pity he worked so hard at college, there was no need of his doing so much. He is almost as bald as his father is. I induced him to see a hair specialist, and he has been treating him for some time, but his hair does not seem to grow again. I thought I would just scribble this hurried note to tell you the news. Louise sends her love. You very sincere friend, ADELAIDE VAN STACK.

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An extract from a letter written at Ottawa, June 9, 1903:

You remember that charming little Mrs. McLarren, who used to play golf so well? She died two or three days ago. She had been ill for some time, she tried all sorts of things, "viavi," Christian Science, osteopathy, and I don't know what else. The doctors say she died of a lesion of the brain, whatever that may be. If you remember, Jack McLarren shipped her down to Lac des Sapins, as soon as he found he was "in for trouble"—I hear it hinted that he was a little late in doing so. My wife saw her two days before she died, and she said she looked fifty years old, her teeth were gone, and she was wearing a wig, or the next thing to it. Jack is on the racket somewhere in Detroit. They hope to locate him before the funeral comes off.

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NEW YORK, June 15, 1903.

Dear Sir:—I notice in one of the society papers that your wedding is announced "at an early date." Allow me to congratulate you on the fact, that you are well enough to contemplate matrimony.

Allow me also to remind you that I have an account against you, for treatment and medicine. I will itemize it if you wish me to do so, or in the event of your wishing to pay me at once, I will send you a receipt on in full, if you remit me a check for $1000.00. Your case was an interesting one, and I am willing to allow you a substantial discount if you settle promptly. JOHN PROWLER, M.D.

Chief medical officer, Sanitas Medicine Company, New York.

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NEW YORK, June 25, 1903.

Dear Sir:—The John Prowler you inquire about is an English doctor who was sent to jail in England in 1883, on a charge of malpractice. His name was shortly afterward removed from the medical register. He registered in the State of New York in 1887, opened the business known as The Sanitas Medical Company, in 1889, and is reported as doing a large but somewhat "shady" trade. He constitutes the "company" to all intents and purposes. He owns real estate to the extent of $25,000 (at a conservative estimate) and is reported to pay cash for everything he buys. His rating is $100,000.00; credit good. Your obedient servants,

DUNSTREET & Co., Ltd.

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BOSTON, July 30, 1906.

To Doctor Prowler.

Sir:—I have deferred answering your letter until I could consult some friends of mine. Having done so, I beg to inform you that I do not consider I am indebted to you in the sum of one cent. Should you desire to press you "claim," you can send it, itemized, or not, to my attorneys, whose address I enclose. I regard your demand for a thousand dollar check as a particularly mean piece of blackmail, and I refuse to pay it.

CHARLES VAN STACK.

Hotel Cecil.

LONDON, England, August 31, 1903.

Dearest Louise:—You will remember that before I sailed for Europe, I told you that I was not in good health. Previous to my departure, I consulted my own physician, and before rendering a final opinion, he advised me to see one or more of the best specialists in London. This I have done, and I find that they agree with him, that I am not justified in marrying you, in my present state of health. When I proposed to you on New Year's eve, I had no idea that I was to all intents and purposes, an invalid. I now find that this is the case, and that our marriage could only lead to misery on both sides. Louise, I love you too much to hold you to the agreement you made with me ten months ago. It is not because I am tired of you, or because some other girl has come between us, that I ask you to release me from my promise. In spite of what I have written I hope you will still allow me to sign my letter, "Your very loving friend," CHARLES VAN STACK.

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LAC DES SAPINS, August 24, 1905.

Dear Russell:—I received your letter, and the account of the accident on Lake Lucerne. Like yourself, I feel very sorry for the young fellow's parents, but when a man rescues two drowning children, and is drowned himself in an attempt to rescue a third, he leaves this world under conditions far more honorable than that of a soldier killed in action.

I received a long letter from the poor fellow before he left for Europe. He told me all about his interview with you, after the receipt of that blackmailing letter, and expressed his sorrow for the letter he wrote me in connection with the McLarren incident—Mrs. McLarren died some time ago, of a lesion of the brain—syphilitic of course. I do not imagine that she infected any one else. She was not what would be called a "loose" woman, and I pity her far more than I blame her. Her husband was openly unfaithful to her—she saw no reason why she should not pay his neglect and infidelity in his own coin. You and I know the lamentable results. Now had she been suffering from a mild attack of scarlet fever, I should have been compelled to notify the board of health, placard the house she lived in, and disinfect it when the disease had run its course. As she happened to be "only" a syphilitic, I was debarred by law, and professional etiquette alike to open my mouth. Having infected one of the finest young fellows the University of Harvard could produce, she was still allowed to be at large, a veritable walking death trap.

He was also at perfect liberty to marry (as you inform me) one of the most charming girls in Boston, to pass his disease on to her, her children, and as many more women as he saw fit.

I wonder if we shall live to see the day when the English-speaking races will be inclined to treat venereal disease as something more than a subject for a coarse joke, an outburst of religious hysterics, or something to be talked of in whispers? Shall we ever see the time when this plague is dealt with as any other pestilence is, without regard to sex, social status, or financial standing of the persons afflicted? I hope to see it, but I doubt if I shall. Yours very sincerely, JOHN ALLISON, M.D.

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Gentlemen:—Sample copy just received and my practice has been at a standstill while I read it from cover to cover. Enclosed please find my subscription for 1906.—B. W. Swazye, 211 Commonwealth Bldg., Allentown, Pa.

## SEXUAL HYPOCHONDRIACS.

Dr. Frank R. Fry reports an experience in the *St. Louis Medical Review*, that is worth while reproducing for the benefit of the readers of the CRITIC AND GUIDE. The communication runs as follows:

A few days ago an unfortunate individual called on me applying for a certificate to enter an insane asylum. A few minutes' conversation revealed the fact that he was a hypochondriac of a type not unfamiliar to psychiatrists. He believed that the cause for his physical and moral downfall was to be found in a pathological genital apparatus. He gave the usual narrative of an abused and deranged sexual function. A few years previously he had sought relief in an operation for varicocele. Its failure was the occasion for deeper gloom and final utter helplessness. In this state of mind he applied to a surgeon to remove what he conceived to be his chiefest enemies, namely, his testicles. The surgeon castrated him, calling into consultation a physician friend. The poor fellow's account of this tragedy made my blood run cold. When he told me the names of the two miscreants the chill in my back fell seveal degrees lower, for they are well known to the St. Louis profession. In judging them, "ignorance" is my verdict. I believe them both above a base motive. Such flagrant ignorance existing in the midst of our own guild is the excuse for this communication. Twice before I have met unfortunates thus mutilated, but I feel some sense of relief in the fact that the malefactors in both instances were persons unworthy of the slightest professional consideration. The guilty parties in this instance deserve the reprimand which I am thus humbly trying to administer. Inasmuch as it is only undertaken for moral and instructive purposes and without personal animosity toward my two friends I hope it may seem worth while and timely.

If a deluded person should apply to these gentlemen to cut out his tongue because he believed in his hypochondriacal soul that it was wrecking his mind and body they would perhaps not waste a minute in listening to his insane argument. And yet it was quite as insane to cut out the poor fellow's testicles. This is not stating the case too strongly. The clinical lessons that these psychopaths of all types and phases teach have been so often rehearsed, that ignorance, at least as gross as that just related, cannot be excused in any one making pretensions to medical knowledge.

## PROFESSIONAL PREVARICATION.

By W. C. Cooper.

There are all kinds of lies, even as there are all kinds of truths. There are sinful lies and righteous lies, just as there are good and bad truths. There are times and occasions when it is merely politic to tell a lie or a truth, and there are exigencies in which it is wicked to tell the truth, as in other emergencies it is wicked to tell a lie. Preachers (generally unconsciously) teach lies; lawyers (always purposely) propagate lies; doctors (justifiedly) lie.

Letting the preachers and lawyers take care of themselves, I shall briefly consider medical lying. With reference to acting social lies—consequent upon the exactions of artificial convention—doctors are in the same boat with the rest of humanity. But additionally to that, doctors must act special lies for professional reasons. When the doctor really fears his patient is going to die, he must act as if he really feels that he is going to recover. This increases the chance of recovery, and the competent physician bends everything to the weal of his patient. This instance furnishes merely one of a class. There are special diseases and specific conditions that demand special and specific lies. A negative lie is, under final analysis, as specific as a positive one. You do not tell your hysterical patient she has hysteria—you tell her she is "nervous." You tell the consumptive his lungs are irritated. In both cases you tell the truth, but not all the truth—the *vital* truth is withheld. There come up odd combinations of conditions which call for lies on the doctor's part. To illustrate: I had a patient—a German girl who had been in this country only a year—who was nicely convalescing from a severe illness. One day a pet crow flew into the room, settled on the head-board of her bed for a moment, and then flew out. To the girl this was a fatal omen. She collapsed immediately, and the frightened family sent hurriedly for me. They told me what had happened before I entered the room. I found her bathed in a clammy perspiration, with her uplifted hands in the attitude of prayer. "It iss all ofer, Herr Dochter," she said as I approached her bed. I forced a little laugh, and said: "I have heard about it, Rachel, and am tickled to death. You couldn't die now to save your life." (Of course she didn't catch on to the brilliancy of that speech.) "In your country that *is* a fatal sign; in this country it is exactly the opposite." I convinced her that I was telling the truth, and this lie saved her life. She went back to health in a gallop. I could relate many other similar instances, but have not the space.

There is another class of cases in which the doctor seems forced to lie for a social (if not moral) reason. A wayward husband has been thrown into relation with the nefarious and

ubiquitous gonococcus. Domestic hell is to pay unless the doctor can cook up a smooth and plausible lie. Sometimes it is the woman who has misstepped. Shall you stick to the truth and break up a family, or shall you lie to prevent this calamity? I have always lied in these cases.

## HOSPITALS AND NOSTRUMS.

Here's a pretty story. It shows the uses to which some hospitals are put. The Suffolk Hospital, in Boston, is a so-called charity, and there are many like it. Attendance is free, but patients pay for medicine. A. C. Smith, president of the hospital and dispensary, gets free Liquozone from the company and wants more. He writes and asks for the medicine in large quantities at reduced prices. He gets it. He writes enthusiastically of its merits on Suffolk paper. The superintendent of the hospital, a physician, is asked, on our behalf, by telephone, what this means. He replies that the hospital never uses Liquozone. A man is sent to the hospital, also on our behalf, pretending to be a patient, and he is told also that they know nothing about Liquozone. We write to the superintendent, Dr. Clarke. President Smith opens the letter and answers it, heartily endorsing Liquozone, although he is not a physician, and would have no right to prescribe Liquozone or anything else in his hospital without the knowledge and consent of the medical staffs. We then make sure that a letter to ter telling him the whole story and asking for the explanation, to which we received no reply. Going into the matter a little further, we find a testimonial of Duffy's Malt Whiskey from A. C. Smith, on Suffolk Hospital paper, and another testimonial, also written on Suffolk paper, which reads: "I can personally testify to the great remedial worth of Orangeine." It looks as if Mr. Smith's activities might diminish. Liquozone, at least, has cut him off from further supplies. How many such persons are at the head of semi-public hospitals?—*Collier's.*

**Permit us to do what the doctor does**

is the cry of the nostrum makers who oppose the bills to compel them to label their poisons as poisons. "The doctor does not have to label his prescriptions poison, why should we?" The answer is: "Because the doctor knows what he is giving the patient, and if the doctor knows it is not necessary that anybody else should. The doctor is responsible; he is licensed by the State. To whom is a nostrum maker in a distant State responsible? Who gave him license to practice medicine? What does he know about the patient's condition and what he needs? Is he on hand to watch the results?" Much more could be said, but this ought to be sufficient.—*Druggists Circular,* May.

"The public does not have to take our medecines unless it wants to. People may take our stuff or they may leave it. Let each man decide this question for himself." This is the argument of makers of dangerous and fraudulent nostrums. It is not original with them. They got it second hand from the people who once conducted lotteries, or who now may be running policy shops, faro games and such, with the connivance or in defiance of the police. This old argument comes under the heading of damaged goods, and no doubt was disposed of cheap by those who had tried it and found that it did not do the work.—*Druggists Circular,* May.

## Letters to the Editor.

### Anent Quackery.

Dear Dr. Robinson:—When I wrote you from London, I had only received one or two letters on the subject of my article in American Medicine, re the fake consumption cure. I found a pile of similar documents on my desk when I returned to Digby, and almost every mail brings me some further correspondence on the subject. I had no idea that when I wrote up the case of a young woman I was more or less interested in, it would arouse so much comment among the medical fraternity.

I have had an unlimited number of chances of observing the results of so-called treatment of diseases by the quacks whose advertisements fill our magazines and newspapers. Of all the cases I have encountered that of the consumptive is the most pathetic. The intense "joie de vivre" of the patient, the mind, often as bright an hour before dissolution, as it would be in perfect health, the statement I have heard again and again re-iterated, "this new medicine is doing me a lot of good, I shall be all right when the spring comes," are no doubt more familiar to you and your readers than they are to me, and God knows I have heard the remarks often enough.

I notice by your letter-head that you are both a Ph. G. and an M. D. Assuming that your medical degree dates from McGill, Harvard, Edinburgh, or any other first-class medical college, also that you are a Graduate in Pharmacy of the most reputable institution in the Union or in Canada—you cross the Canadian frontier for the matter of that, the imaginary line of demarcation between the State in which you are registered, and one in which you are not registered, —you cease to be a licensed practitioner. Not only are you debarred from prescribing for a case, no matter how faithfully you have gone into the symptoms, but you cannot legally sell your patient an ounce of carbolic acid, or a dozen tablets of strychnine on another registered man's prescription.

I am licensed to practice pharmacy in Nova Scotia and I must undergo another examination before I can open a drug-store in New Brunswick. I imagine that neither of us feel sore about this. We are probably both able to go where we like, take our examinations (where the law demands) and go into business or practice on a legal and ethical footing.

Now the janitor of this building can go to New York tomorrow, and assuming that he has the cash, he can open an office as "Doctor Vantassel," he can advertise a sure cure for any disease in the bills of mortality, and the law will not touch him. His remedy may be a "tonic" containing eighty per cent of cheap whiskey, it may be a "catarrh cure" containing five per cent of cocaine. No matter how damnable a swindle he puts on the market, the aegis of the United States Government, or the Canadian Government as the case may be, is over him. It is true that in certain cases, the postal authorities close the mails to some "medical" concern whose literature is more than usually indecent, but such cases are few and far between.

In our own little province of Nova Scotia we have a government sanitarium with up-to-date appliances for dealing with cases of tuberculosis. The same copy of the daily paper which informs me that the Provincial Government has appropriated dollars to the maintenance of the Sanitarium for the current year, contains the advertisement of a "doctor" who will cure you at home for from five to any number of dollars you care to pay. You must be sure to get his treatment,—all others, especially that of the man who takes a quarter column on the next page, are frauds and fakes. The advertisement concludes with the words "sold and recommended by all druggists." Now we druggists keep a number of things we know nothing about, the public demand them, we supply them. A servant girl who has been indiscrete and imagines she can get clear of the consequences of her indiscretion by swallowing the contents of a box of Rahab's Female Pills, buys them, and takes them. A consumptive walks in and demands a bottle of "Radiophospholine,"—I hand it down to him without comment, and he walks out. But in a large number of cases the prospective purchaser asks me what I think of "Rahab's Pills," or "Radiopospholine." In such cases I invariably say that under no conditions would I take the stuff myself, or allow a member of my family to do so. In a very large number of cases I succeed in sending the individual to a physician for treatment.

I notice that bills have been introduced into several of our Provincial Legislatures to regulate and control the traffic in patent medicines. I hope to see some act on the statute book of this Province before long which will have that effect. The cry of the proprietors that they have a vested interest in the sale of their preparations is perfectly correct. So has Hiram Walker and the other distillers in the whiskey they produce.

There are a number of proprietaries on the market which are really good things, others which are harmless, if useless, and some which are rank frauds, or dangerous. To my mind, the meanest of them all is the fake consumption cure. The beneficial and harmless preparations would not be affected to any appreciable extent, by any act which is likely to be passed. The sooner the fraudulent and dangerous ones are put out of action, the better for society.

Yours very sincerely,

EDMUND F. L. JENNER.

Digby, Nova Scotia.

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Dear Doctor.—I like your little journal more and more. I believe in speaking for the right every time. Enclosed please find my subscription. Fraternally yours, Dr. B. M. Smith, Gardena, Cal.

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Dear Sir:—Enclosed please find check for $2.00 for two years' subscription to your most excellent journal. You have started the ball a-rolling; keep it a-going till all the frauds are exposed.—L. W. Wheat, Lawrenceburg, Ky.

MEDICO-PHARMACEUTICAL

# CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1. Single copy, 25c. Foreign, $1.50; 6 Sh.; 6 Mks; 8 Frcs.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. VII. NEW YORK, JULY 1906 No. 1.

If I were a tailor I'd make it my pride
The best of all tailors to be;
If I were a tinker, no tinker beside
Should mend an old kettle like me.

☞ Now, friends, *do* be reasonable. We are *more* sorry than you are for our inabitity to supply you with all back copies. But what can we do? We offered 25 cents for each February and April copy, and we got very few returns—practically none. There were very few kicks however, we are glad to say Hoggishness is not one of the characteristics of the readers of the CRITIC and GUIDE.

## THE VIGILANT QUACKS.

The quacks are sharply on the lookout for anything new in medicine or in science in order to exploit it for their sordid purposes. Electricity—the quacks were among the first to utilize it (with benefit or injury, that is another question) in their practice. The X rays were not a month old when thousands of quacks were advertising that they were utilizing Roentgen's discovery for the diagnosis and alleviation of human ills. The same is true of radium. Many of the quacks never were within a mile of radium, still they were advertising that they were treating disease by means of Curie's element, and were selling their patients elixirs and capsules supposed to contain radium, at exorbitant prices. The quacks are also on the lookout for prominent medical names. Quite recently, for instance, Prof. Metchnikoff, of the Pasteur Institute, had to bring action against the manufacturer of an elixir which was said to contain the ferments recommended by Metchnikoff for staying off old age. The Professor, tho not a physician, considered it his duty to the public as well as to himself, to make the fact known that he had nothing to do with the nostrum, and he asked for an injunction against the manufacturer. The French law being that a pharmacist may manufacture any remedy

of which he has the formula, but that he must sell it under his own name and must not use the name of another person in any way whatsoever without that person's permission, judgment was given in Prof. Metchnikoff's favor. We congratulate Prof. Metchnikoff on his clear recognition of his civic duty. Many prominent names are dragged in the mire for commercial purposes, only because the quacks know that the scientists and physicians are too busy and too engrossed in their work to go to the trouble of litigation.

## DOCTORS' SIGNS.

The readers of the CRITIC AND GUIDE will remember that about a year ago we stated editorially that if a doctor followed a specialty, there was nothing unethical for him to state so on his sign. This is done all over the European continent, and there is no reason why we should not do it here. It is extremely inconvenient, to both patient and doctor, for an ophthalmologist to be called out at night time to treat a case of croup and for a neurologist to be called in a hurry to deal with a uterine hemorrhage. The British are as ticklish on the subject of doctors' signs as we are, but we were glad to find in a recent issue of the British Medical Journal (May 19, 1906) the following paragraph contributed by a member of the staff, who reported for the Journal the Fifteenth International Medical Congress. It is as follows:

"From the point of view of the wanderer [in Lisbon], the sight of large signs, advertising the name of the practitioner, his specialty, and stating if he is attached to a hospital, seems to have offended the ethical susceptibilities of some of the English doctors; but, in reality, there is nothing unprofessional about it. Every practitioner displays the same sort of sign, just as every one of us here at home displays a brass plate. As long as the method is generally adopted, it does not matter whether the sign is as big as a house."

Well, to a sign as big as a house we would object most decidedly, but we repeat: we cannot see any valid reason for a doctor not stating modestly, merely as a matter of convenience for the public, his specialty on his sign.

We should like to hear on the subject from our readers.

## HEAVY DAMAGES FOR X-RAY BURN.

In the March issue of the CRITIC AND GUIDE we referred to a suit for damages brought against Prof. Lang and Dr. Holzknecht, of Vienna, for X ray burns. We regret to say that the court came to the conclusion that in 1902 the X ray treatment for psoriasis was still in the experimental stage and that the defendants were guilty of having neglected to explain to the patient the risk of the treatment. Dr. Holzknecht is alone held

responsible and has to pay the sum of 35,000 kronen ($7,000). It is possible that this trial, which has been dragging on for four years, was instrumental in making Dr. Holzknecht look for a means of measuring radio active energy. For, Dr. Holzknecht is the inventor of the well-known Holzknecht radiometer.

## THE HIGHEST HUMAN TEMPERATURE.

What is the highest temperature compatible with life? 107 or 108 degrees F. is generally considered the highest temperature from which recovery may follow. There is, however, no absolute rule in medicine. There is no "always," there is no "never." Occasionally we come across reports of much higher temperature followed by recovery. In its issue of June 2d, 1906, The Lancet of London refers to a case reported by Dr. John J. I. de Quadros of Bombay, in which a woman (European), 47 years of age, suffering from an undiagnosticated disease, reached a temperature of 112.4 degrees F. The patient was ill from March 28 to May 1, and in that time her temperature fluctuated between 96 and 108, 110, 111; 112.4 being the highest temperature reached. The case was diagnosticated by one doctor as plague and endocarditis. Dr. de Quadros himself at first believed the case to be one of peritonitis, but later he changed his view, being inclined to consider it a case of climactric disturbance. The woman recovered.

## A DOCTOR BEGGING FOR A BOTTLE OF THIALION.

*"The Vass Chemical Co.*

Dear Sirs: Feeling firmly convinced that I have done more for the sale of thialion than any *one* doctor in the State of Iowa, and possibly as much as all of the 196 M. D's. in Des Moines, I do not hesitate to refer you to C. W. Rogg & Co., M. J. Olson, J. W. Hess, Chas. Manner, Reid Horbult, and all other druggists in Des Moines, as to how many prescriptions of mine they get per day, for thialion. I have been having some rheumatism, myself, the past few days, in my hip and heels; and, therefore, wish you to send me a bottle of the salt, fresh from the factory.

Remember! I want you to look into this matter; for I doubt if any one man, in the United States, prescribes more of this remedy. Do not misconstrue my meaning. This is not simple "talk," to curry favor or get reward; but I have wondered for years, if you ever dreamed of having such a friend. I have never seen nor heard of any of your representatives in this field. How is this?

Des Moines, Iowa, Nov. 20, 1905. Yours truly,
601 W: Walnut st. W. VANWERDEN, M. D.

(*Uric Acid Monthly, Vol. VI., No. 2.*)

Poor, poor Dr. Van Werden! Poor, poor medicine!

# Notes, Thoughts and Impressions

By the Editor.

**The Horrors in Russia—Should not Other Countries Interfere?**

In the olden times the parents were absolute masters of their children, the husband was absolute master of his wife. No matter how ill-treated the wife or children were, nobody dared interfere. We have learned better now, we have reached a higher stage of civilization. If the wife is maltreated the husband is arrested. If the children are overworked, starved or cruelly beaten, the neighbors step in and take them away from the brutal parents.

The horrors now being perpetrated in Russia were not excelled if they were equalled in the darkest years of the middle ages. Do you know of anything more heart chilling, more blood curdling than chopping a man's legs off and hammering three-inch nails into his eyes? And it has been proven that these horrors have been planned, countenanced or connived at by the Russian Government. It is too much to hope that the time will come when such outrages, at which every humanitarian stands aghast, will not be permitted to go unrebuked and unpunished? Would it be too visionary to expect that the time will come when such countries as the United States and England will officially condemn such horrors in no uncertain language, and will stand ready to step in and by force of arms protect innocent people—even tho not their subjects—from unspeakable atrocities? The writer, for one, sees nothing absurd, nothing ridiculous in one powerful but humane country stepping in and telling the government of another country: Thou shalt not press a crown of thorns upon the brow of thy citizens; thou shalt not crucify thy noblest sons; thou shalt not outrage and trample upon every human feeling; thou shalt not debauch and craze with drink thy Black Hundreds and send them forth to murder and mutilate infants, to ravish defenceless maidens and to hammer nails into the brains of aged men and women! But in the meantime, a nation is cruelly, horribly bled to death—and the world looks on. Oh, the pity of it.

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**The Pope and the Emancipation of Women.**

An enterprising lady journalist, Fraülein C. Thiemer, who is described as a leader of the "feminist" movement in Austria, has achieved the feat of interviewing the Pope on the subject. To a direct question whether he approved of the movement, Pius X replied that he did, "as far as it as not in contradiction with Christian morals." His Holiness had nothing to say against

women giving themselves to serious study; why should they not? But he was careful to point out that theology must remain a preserve for the masculine intellect. He graciously leaves the law and medicine open to them. The medical profession seems to the Pope especially suitable for women. They have a large field of activity in ministering to their own sex and to children. In the nursing of the sick and in the training of the young they are in their natural sphere. But His Holiness denounced political women with an uncompromising vigor *Ellettrici deputatesse! O No!* he exclaimed. Women in Parliament, what next? Men by themselves already make a bad enuf mess of things; we have no use for female politicians.—

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**Noblesse Oblige.**

We gladly give space to a letter from Dr. William J. Robinson in our correspondence column which, in conjunction with certain printed matter, extracted from the CRITIC AND GUIDE and elsewhere, convicts us of having conspiciously failed to give him credit which he deserves for the part he has borne in the great fight against the nostrum evil.

If we have been equally remiss in regard to anyone else, we desire to humbly retract and to set ourselves right with these good men. We want their friendship and good will, and we do not for a moment want anyone to have the slightest reason to consider us unjust or ungenerous.—*Journal of the Medical Society of New Jersey, June 1, 1906.*

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**Franklin on Sleeping with Open Windows.**

Nothing new under the sun. The hygienists who so persistently and rightly insist upon the necessity of sleeping with open windows have had a staunch predecessor in Benjamin Franklin. He fought the prejudice of the unwholesomeness of night air and he assured the people that "no outward air that can come in to you is so unwholesome as the unchanged air, so often breathed, of a closed chamber." Yes, Ben was ahead of his times in many respects.

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**Take it easy.**

Ten months in the year shalt thou work and two months shalt thou rest. All good people who can afford it should take things very easy during July and August. Editors should not discuss burning questions–it is burning hot as it is–and readers should not be offered too heavy matter. Hence the smaller than usual amount of editorial matter. Take to the woods or go fishing.

# Original Contributions

[Contributed to the Critic & Guide].

## THE VENEREAL PERIL.

By J. Morgan Muren, M. D., Brooklyn, N. Y.
Genito-Urinary Surgeon to Williamsburgh Hospital.

I have been asked to speak to you of the venereal peril, and in attempting to make some facts clear regarding this scourge of humanity, I must ask those who may be present that are well informed upon this subject to bear with me in the effort I shall make to present facts to those who may have little or no information upon this important matter. I must also ask your indulgence in the matter of language used. In medicine, nothing is unclean that makes for the betterment of humanity, and while I am prepared to admit that under some circumstances it may be better to refer to a spade as an agricultural implement, in this paper plainness of speech seems to be demanded, and so I shall call a spade a spade.

Every man, and particularly every young man, must be interested in this subject. Societies have been formed to combat tuberculosis, to teach sanitation and to uplift humanity in many moral and physical ways, but it is only during the past year that any concerted action has been taken in this country to combat the venereal peril that knocks at almost, if not every man's door, at some period of his life.

A venereal disease is one acquired during sexual intercourse. Gonorrhea, syphilis and chancroid are the three venereal diseases.

Gonorrhea begins from three to twelve days after exposure, as a slight discharge accompanied by smarting pain during urination, and runs a very uncertain course. Its complications are swollen testicle, gonorrheal rheumatism, and involvement of the deep structures of the genito-urinary apparatus. The cessation of the discharge does not necessarily mean the cure of the disease, and it is the mistaken ideas as to when the patient is cured, that lead to the infection of so many innocent women.

Syphilis is a constitutional disease, the initial symptom of which is a sore, usually single, the chancre, appearing upon the penis three to five weeks after intercourse; this is followed in four to six weeks by what are called secondary symptoms; i. e. rash upon the chest, abdomen and extremities, sore throat, ulcers in the mouth, usually upon the inner mucous surface of the lower lip, enlargement of the lymphatic glands, most noticeable in the groin, back of the neck and above the elbows, and sometimes

*Read by Invitation before Unity Church Club, April 18, 1906.

falling of the hair, mainly from the back of the head, Neuralgic pains and fever are lesser symptoms that are not always present.

Chancroid, or soft chancre, as it is sometimes called, appears usually within a few days after exposure. It is usually a larger more important looking ulcer than the hard chancre of syphilis, and frequently more than one are present. The glands in the groin are enlarged and frequently suppurate and have to be opened. These enlarged glands are termed bubos, from which the lay term "blue ball" doubtless originated. Chancroid is purely a local disease and does not involve the whole economy as does syphilis.

Venereal warts are much like warts in other parts of the body except that they give out an evil smelling discharge.

During the second stage of syphilis all the secretions of the body, as well as the actual syphilitic lesions, are highly contagious, and it is on this account that infection of the innocent so frequently occurs, to which I will refer later.

The dangers of many contagious diseases are well understood by most intelligent laymen. In the matter of the highly contagious venereal maladies, however, their dangers are but little appreciated, particularly by very young men.

It is generally known that one seventh of all deaths are caused by some form of tuberculosis; the high mortality rate in scarlet fever is well known, and that which existed in diphtheria before the introduction of antitoxin; but how many laymen have any idea of the prevalence of venereal diseases and the serious troubles and many deaths that may be attributed directly to them?

A celebrated French specialist in this subject was asked by a friend as to the prevalence of gonorrhea; pointing at the crowd of men around them he answered, 50 per cent. of these men have gonorrhea, 25 per cent. have had it, and the other 25 per cent. will have it. This is no idle jest and any medical man that has given this subject any attention will tell you how very few men he has known that have not suffered from some form of venereal disease.

It is an unfortunate fact that the young man of from 16 to 20 years of age is usually persuaded by his immediate intimate friends that it is a clever thing to patronize women of easy virtue. The sexual necessity (so called) may never have been very active in the young man's makeup, but stimulated by the talk of his associates, he is led to seek the society of the most unfortunate class of people in the world—public women.

The peril from venereal disease, in which the clean man places himself who consorts with these women is best illustrated by a consideration of the type of man who regularly patronizes them. He comes from no particular class of society, as can be noticed wherever these people congregate. It is his ideas as to physical and moral cleanliness that interest us most. His ideas

as to the serious nature of venereal disease are perhaps most interesting of all. In speaking of gonorrhea, this wise individual, who will sometimes tell you that he has had this disease ten or fifteen times, refers to it as "no worse than a cold in the head."

The very grave complications that may come to anyone have no particular weight with him, unless he has been personally afflicted. When, in the chronic stage of the disease, he is warned against the crime of infecting some women of the town, he will frequently tell you that he got it from a prostitute and he might as well pass it along to another.

It is very improbable that anyone has gonorrhea ten times. The truth is that this type acquires gonorrhea and has it for years. When the active symptoms, notably the discharge, cease, he considers the disease cured, stops whatever treatment he may have had, and resumes his ordinary sexual and alcoholic indulgences. After particularly active sexual or alcoholic debauches or combinations of both, he notices a slight discharge and believes that he has again been infected. The drug store sure cure or his favorite prescription is again resorted to and the previous routine repeated. With this class of man forming the main source of revenue to prostitutes, it is practically certain that the average clean young man takes at least a 90 per cent. chance of becoming infected when he seeks the society of the harlot.

A vastly more important peril from venereal disease than that to the individual male member of society may now be considered.

Let us suppose that a particular individual has become infected. If he seeks the advice of a competent medical man and remains under his care until pronounced cured, all may be well. In too many cases he uses a prescription obtained from a friend or some obliging drug clerk or student, and follows practically the same course as the man first considered, as far as treatment and cure are concerned. Later he may lead a perfectly continent life, and after several years marry a good woman.

At this time many men, remembering their early follies, seek the medical man's advice as to marriage. If the physician is well versed in this work and searches carefully, in many cases he finds evidence of venereal infection still present, and capable of transference to the future wife.

In too many cases, however, the man believing himself to be free from trouble of this kind, perhaps in the years (and they may be many) that have intervened since his trouble was supposedly cured, he has even forgotten that he was ever infected, marries. What is the effect upon the wife? During the very first intercourse she is frequently infected. In the great majority of cases, women contracting gonorrhea from men in whom the

disease has been long chronic, present no immediate or active symptoms. Discharge and painful urination are not present.

The infection involves the most important parts of the unfortunate wife, her reproductive organs, leading in many cases, not only to sterility, but to many grave abdominal conditions requiring surgical interference and the removal of these organs.

It is no mistake to say that gonorrhea causes a greater amount of illness, unhappiness than any other disease, excepting perhaps tuberculosis. It blasts the home by converting a formerly vigorous healthy would-be-mother into a fretful, unhappy, chronic, castrated invalid.

Should the unfortunate woman succeed in bringing one child into the world, its eyes may be infected during birth, resulting in many cases in total blindness. The eye-men tell us, that one-fourth of all the blind have lost their vision as a result of gonorrheal infection in this way.

The possibilities of infection with syphilis are almost endless, and Dr. L. Duncan Bulkley of New York has written a book on the subject, bearing the title, Syphilis Insontium, (Syphilis in the Innocent).

The syphilitic may not only convey this disease by sexual intercourse, but his kiss may convey the infection to some innocent person. The syphilitic cigar maker with mucous patches on his lips, finally shaping and moistening the end of the cigars in his mouth, opens the way of infection to innumerable people in a single day's work. The public drinking cup, the bar towel, and even the hand clasp of a syphilitic friend may and frequently do convey the poison.

In the effort to combat venereal disease, many expedients have been resorted to. In several foreign countries, the segregating, examining and licensing of prostitutes has been tried, with practically no result. The weekly examination, even if the medical examiner could truthfully certify to the cleanliness of the women, would be of little value to subsequent patrons if the first one of the following week infected her.

It is a matter of fact, however, that a physician cannot ever be sure that a particular woman is free from venereal disease.

The most careful microscopic examination of scrapings from a woman's sexual organs may show no gonococci, and yet this same woman infects her patrons with the disease.

All that has been said of the public woman applies with equal force to the private prostitute, most mistresses and other accomodating females.

There is a very old saying, I think it is Syrian, in the matter of keeping a secret. "Remember that your friend has a friend and that he has a friend." This applies to most women of easy virtue; there is in almost all cases "the other man," his friends and their probable venereal diseases.

# DOCTOR DALTON'S DIARY.

INTRODUCTION.

It was at Saratoga in June, 1902, at the Meeting of the American Medical Association that I first met Dr. Dalton. Dr. Dalton belonged to that class of men, whom if you see but once, even for the fraction of a moment, you *never* forget. Tho a very giant in build, six feet four inches in height, possessing tremendous strength, you felt nevertheless that that man would not deliberately hurt a fly. His clean-shaven, kind and serious face breathed strength, composure and charity in every line. He emanated a certain indefinable something, so that wherever he went, all eyes were involuntarily turned towards him, and every one felt: Here is a man on whom you can rely, in whom you can have perfect confidence. When I saw him first, the expression *Ecce homo* involuntarily escaped from my lips. I was irresistibly attracted to him, and, tho he did not register in our section, I saw a good deal of him. Tho we were as different as day and night in many respects, there was a certain *Seelenvervandschaft* which made us firm and permanent friends. Every night we sat up until 2 or 3 a. m. and talked and talked and talked. His experiences during an exceptionally active medical career of nearly fifty years were so varied, so unique, and were told with such a quaintness and directness, that I could not refrain from telling him that it would be a great pity, both on account of their intrinsic interest and the lesson they conveyed, if they were lost to the world. I asked him if he had ever published any of his experiences, or kept notes of them. He had never published any, but of the most interesting he was in the habit of jotting down brief data. I asked him to put those data in order and give them to me for publication. He refused. I pleaded and he finally yielded. He promised on his arrival home to begin putting them in shape and to send them to me in installments from time to time. A *conditio sine qua non*, however, was that none of the notes were to be published during his lifetime.

We separated the closest of friends, and were in very frequent correspondence. A year later I saw him at New Orleans, in 1904 I met him in Atlantic City. He was a regular attendant at the meetings of the American Medical Association, tho for the last ten years he had not read any papers, and but seldom participated in the discussions. He was also present at the Portland Meeting, but I did not see him there, being at Switzerland at the time. It was therefore with anticipating delight that I looked forward to meeting again Dr. Dalton at Boston. He wrote to me that he would "surely" be there. Alas for the uncertainty of human affairs. Three days before I left for Boston I received a telegram from his daughter notifying me of her father's sudden demise. It was one of the severest blows I had ever received; to me it is a personal loss of the greatest magnitude,

for men of Dr. Dalton's type are unfortunately only too rare. This loss of my dear friend spoiled for me any and all pleasures at the Boston meeting. I participated in most events that were taking place, but it was done mechanically, automatically. And my friends who remarked several times that I looked depressed, now know the cause.

I had hoped the publication of Dr. Dalton's Diary might be postponed for many years yet to come. Nature willed otherwise. And the publication of some of Dr. Dalton's experiences herewith commences. Where unimportant the dates are omitted, so as to present a more connected narrative. W. J. R.

## THE CASE OF LYDIA SWINTON.

It was a cold, wet, drizzly September evening. I had been up the previous night, had worked very hard that day, making about forty calls, and when the carriage at last stopped in front of my house I was almost as glad as my talkative coachman Jim and my mare Mollie. I eagerly opened the door, threw off my things, and entered the cheerful and comfortable dining room, preparing to pass a peaceful and restful evening. Alas, this as well as several other evenings were destined to be anything but peaceful. "Miss Swinton was here and wanted to see you very particularly," announced Sally, my housekeeper. "What was it? She didn't want me to call, did she?" "No. She seemed to be very much worried. She would call again, she said." My feelings of peace and rest were gone in an instant. I knew it must be something serious. And I felt anxious, for I loved Lydia as much as any father could love his own child. And everybody who knew the lithe, laughing, highstrung Lydia loved her. Innocent as a babe, sweet as a rose, happy and free as a bird—such was Lydia on the surface. Yet one felt that beneath the serene surface there was an immense amount of reserve force, which could be at instant service when needed. And while smoking my Havana, I gave rein to my memory and let it run riot. And it was just such an evening twenty years ago. I was preparing to retire, when a sudden violent ring of the bell made my hopes go dash-dash. I was taken at breakneck speed to Judge Swinton's. It was a hard labor, but in the morning Lydia was brought into the world. And how I watched her grow. What a beautiful, affectionate child she was. I am fond of all children and they fully reciprocate. Children are much quicker to discern true from sham affection. But there were few children whom I liked quite as much as I did Lydia and I don't think there was anything I would not have done, if it were necessary to Lydia's happiness. How beautiful she looked on her graduation day.

There was a sudden ring and in a minute Lydia stood before me. I hadn't seen her for over three months and she was greatly changed. Her face was wan, pale, and the features were hard.

I pressed her icy hand, she looked at me with nervous, restless eyes—and burst out with sobs, which shook her entire supple frame. My heart felt tightly compressed. I knew I was face to face with a genuine tragedy. I knew my favorite was in deadly peril. And still I felt that I would be powerless to save her. My suspicions proved correct. Jim Dexter, a conscienceless, polished scoundrel, a well-known man about town, who professed love for her and was to become her fiancé, took advantage of her childish innocence, and I was to relieve her. And if I didn't she swears before God she would take her life. And everybody who knew Lydia, knew that she always meant what she said, and now she meant it in deadly, deathly earnest. And still I could not say: yes. I pleaded with her, saying that at the proper time I would take her to a private home and the child would afterward be taken good care of. She listened as one dazed. She did not argue. She gave me the ultimatum: Either to relieve her or to see her dead. I endeavored to show her that she was asking the impossible, that I could not agree to commit murder. At this she smiled a bitter smile—I shall never forget it. She could not see it that way. I still tried to persuade her—but suddenly she rose and without saying a word, she opened the door and was gone.

The fitful, fearful nightmare that I had that night—the terrible struggle, the fear for that beautiful young life, the reproaches of my conscience—may God for ever after save me from such a dilemma.

I didn't see Lydia for a week. I was too busy with urgent calls to allow myself to call at the Swintons; besides I thought that my presence might be painful to Lydia. I hoped—tho I dared not believe it—that she might have become reconciled to her fate and let events take their course. Alas! I had come home pretty well exhausted, preparing to take it easy, when Sally rushed in, announcing that the Swintons' servant, Thomas, was here and wanted me to come at once, as Miss Lydia was dying. My heart stood still, my blood became chilled. The tragedy was approaching, the tragedy was here! By a strong effort I pulled myself together, threw all the possible antidotes and a stomach pump into my bag, and was off. I do not remember how I got to the Swintons—the first thing I remember, I stood before Lydia,, who was flushed scarlet, tossing about all over the bed and in high delirium. Tho not a toxicologist, it did not take me long to diagnose belladonna poisoning. The parents, very simple, old-fashioned folks, suspected nothing. They noticed Lydia was feeling badly for several weeks, the last few days she stayed in her room, and when the maid went in some half hour ago to give Lydia a cup of beef tea, she found her in this condition. I had to do some hard thinking. I gave her a hypodermic of apomorphine—I might in my anxiety have given her too much; she vomited severely and

profusely. I applied ice to her head and very soon she began to regain consciousness. I wanted to administer some stimulants—she closed her jaws tightly and would not take a drop. There began quite a battle. Finally she had to yield—she was so weak. She was not, however, too weak to whisper in my ear: "Dr. Dalton, you may save my life now, but I swear that you will not have the chance to save it a second time." And I knew she was as good as her word. How could one permit this highstrung, beautiful girl to go to destruction? "My dear child," I whispered to her, "let me save you now, I will do anything you want me to." She became very meek and allowed me to do anything that I considered necessary. In about an hour I thought it safe to leave her. I was putting on my coat, I remember, when a sudden, sharp, half-stifled cry made me turn quickly to Lydia. At the end of about fifteen minutes I was no longer in doubt. Lydia was having labor pains. The shock of the poison, the severe vomiting and retching, the general nervous shock, were having their effect. Lydia also began to suspect what the trouble was and her face became a picture of terror. I had to act quickly. I turned to the parents. "Lydia is dangerously ill. She may die. She has a bad abdominal abscess and must be operated on at once. It would take too long for me to go home and get my instruments and come back; besides I have not the same facilities here. And she will have to be watched very carefully for the first few days, which I can do better at my Home. I will take her with me." My word was law with the Swintons. They knew that in no hands was Lydia as safe as in mine. In a few minutes, Lydia, securely wrapped, propped up by pillows, was resting in her father's closed carriage; a short, wild ride and we were home. On the following day I emptied her uterus and she made an uneventful recovery.

What became of Jim Dexter? Lydia gave him an ultimatum. He must leave town for ever or she would shoot him. And he knew that Lydia was not to be joked with and he left town just one week after Lydia left my Home.

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## THE TREATMENT OF SEXUAL WEAKNESS AND OTHER SEXUAL DISORDERS IN MAN AND WOMAN.

*Informal chats with the general practitioner.*

By William J. Robinson, M. D.

We now come to the local treatment. As we stated in our last chat, the prostatic portion of the urethra is exquisitely sensitive in the vast majority of cases, being responsible for a large share of the symptoms. Our first endeavor must therefore be to diminish this sensitiveness. Steel sounds, or still better, Kollmann's dilators are excellent for this purpose, but their introduction is per se so painful, and creates such spasm, that we are very often unable to use them without the employment of a

strong local anesthetic. Cocaine is of course sure and positive in its effects; its use, however, is so often accompanied by disagreeable or even dangerous by-effects, especially when used in the urethra that I have practically given up its use and employ some of its substitutes, generally eucaine or alypin. But I believe that instead of subjecting the urethra to repeated local anesthetizations, we can do better if we "harden" the urethra so that it loses its sensitiveness, and we are enabled to pass sounds without the necessity of local anesthesia. The best substance for "hardening"—diminishing the sensitiveness of the urethra—is and remains silver nitrate. But in its use I differ from the majority of my confreres. The usual method of instilling 10, 20 and even 50 per cent. solutions I consider cruel, brutal and injurious. The reaction is often excessively severe, and I have seen excruciating pain, bloody discharge and complete retention of urine resulting from them. I use the nitrate of silver differently. I usually start with a 1:5000 and sometimes even with a 1:10000 solution. I insert a soft-rubber return catheter (Mitchell, or one with several perforations thruout its upper two inches) almost to the neck of the bladder (or within an inch from it) and inject from 2 to 8 drams of the above solution. I teach the patient to use the catheter himself and I have him use it two or three times a day. In this strength the silver nitrate causes no pain, no strangury, no disagreeable symptons of any kind. Gradually I increase the strength to a 1 in 3000, 2000, 1000, 500 and 250. It is seldom necessary to go above that. When the patient reaches this strength, all the congestion, sensitiveness and irritability of the urethral canal are cured. *And not unfrequently his trouble for which he came to be treated is cured too.* We are now able to employ, if necessary, further mechanical manipulations, which *then* call forth no reaction. The urethral canal has lost its sensitiveness and can be handled much more easily than without the preliminary nitrate of silver treatment.

As stated above, the treatment with steel sounds or dilators once or twice a week is very useful; I will say however that the usual treatment—leaving in the sound for five or ten minutes seems to me of little value. I always leave in the sound or dilator for at least half an hour, and quite frequently for a *full hour.* While in the treatment of strictures the urethral dilators are in every respect superior to the sounds, in the treatment of the conditions I am speaking of, I prefer the latter to the former. Still even here the dilator has this advantage: We can introduce it thru a meatus which will not admit anything larger than 18 French (and when in the urethra we can of course dilate the blades as far as we want to). While if we want to use sounds and to have to deal with a narrow meatus, we must perform meatotomy. Besides the sound and the dilator, we have the cold water urethral sound and the ice water rectal tube. The latter

is particularly useful, as it can be used twice or three times a day by the patient himself and without any fear of irritation or infection. I might add here in parenthesis that in cases requiring long and persistent treatment, I take the patient into confidence; invoke his aid, make him, so to say, an assistant of mine; it is only thus that success is possible in many cases. It is impossible to expect a patient to come every day, twice a day, or even every other day for treatment. If you teach him to do certain things for himself the course of the treatment will be materially shortened. Of course you must be sure that your patient is intelligent and has a clear perception of the dangers of infection, a wholesome fear of them and knows the meaning of surgical cleanliness.

Several local applications have been doing excellent service in my hands in the treatment of the various forms of sexual weakness. One of them is a combination of strychnine and hydrastine and has the following composition:

Strychninae sulph., ..... gr. i
Hydrastinae hydrochl., ..... gr. x
Aquae destill, ..... gtt. C D (400)

One drop of this contains 1-400 gr. of strychnine and 1-40 gr. of hydrastine. By the aid of a Guyon or a Bumstead syringe one to four drops are deposited in the prostatic urethra. Another combination is:

Hydrastinae hydrochlor., .... gr. x
Ergotini, ..... 1 dram
Aquae, ..... gtt. D C (600)

Dissolve and filter. Dose one to ten drops endourethrally.

Still another combination is:

Strychninae sulph., ..... gr. ¼
Hydrastinae hydroch., ..... gr. v.
Sol. Adrenalini chlor., (1:1000) gtt. C

Dose one to four minims endourethrally.

By the aid of the local treatment outlined in this chat, combined with the general treatment described in our previous chat (See May issue), both of course used conscientiously and with discrimination, the vast majority of cases of functional sexual disorders will be *cured,* while no case can fail to be materially benefited. But, risking reiteration, we must emphasize, that no case can be treated by a set formula; every case must be studied by itself—and treated by itself.

[To be continued.]

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**Educative and not Coercive.**

That was a happy expression which Dr. H. Edwin Lewis made during the discussion of the nostrum question. To attain results, he said, the movement must be "educative and not coercive," and in this we fully agree with him.

## Leave me my Dream. By Victor Robinson.

I know that he who makes a journey to the home of Truth, must drop many sweet illusions on the way. But in an age like the present one, so barren of joy, and bitter with grief, there is one dream too soothing to be relinquished. This dream has been dreamt by every splendid soul, by every choice spirit who ever blessed this earth; by all who love the sound of the music of Liberty's drummer, by all who are parts of the process by which this world is revolving to something better and nobler and happier and grander, by all whose faces are towards the light and upon whose brows fall the first beams of the morning. It has been the dream of every man whose name is a rallying-cry where humanity's workers gather; whose name has become an oasis, where the weary pilgrims of freedom, wandering thru the dark desert of despair, rest and quench their thirst in the shade of his great and glowing heart. It has been the dream of all the good and true and loving; and free men and free women will work for it, and fight for it, and suffer and die for it, as long as superstition has sway, and tyranny rules, and hypocrisy is enthroned.

It is the dream that some day the human race will exist without a government upheld by the bayonet of the soldier and the club of the policeman; that our jails will be empty of prisoners and our streets of beggars; that the whirl of cotton mills will not drown the sobs of babies, that breaker boys and old men will not sit in coal mines year after year and wear their lives away, that women will not be compelled to toil in poison factories five hours before their children are born and thus give birth to poisoned offspring. It is the dream that some day all will have enuf bread to eat, enuf clothes to wear, a home to lay their heads, and just a little time to love, loaf and laugh; the dream that the serpent with a hundred fangs, the Medusa with a thousand faces, the leech with a million mouths, will loosen its terrible grip from the toiler's bleeding throat; that labor will receive what labor earns, that they who create wealth will not be penniless, that they who feed us will not starve, that they who clothe us will not wear rags, that they who house us will not dwell in hovels; the dream that Chauvinism, which is a small, cheap, two-cent feeling, which small, cheap, two-cent politicians, fan up in small, cheap, two-cent people, will disappear, and Phœnix-like from the ashes will be born the desire to be the Universal Brother; the fond dream, the sweetest hope of all, that war, the worst of crimes, will cease, and the soldier, the worst of slaughterers, the bravo butcher, the useless, wholesale murderer, will no longer flourish; the dream that some day all the nations of the earth, black and white, red and yellow, will be spokes in the wheel of progress, will be links in the grand unbroken chain of mutual friendship.

## THE STERILIZATION OF WOMEN.

[In looking thru our old journals—a favorite occupation for the leisure hour— we came across an editorial in the New York Medical Journal under the above title which we think worth while reproducing here. The editorial is based on a paper on the subject by Prof. Spinelli. While we do not care to go on record as endorsing Dr. Spinelli's operations, the general sentiments of the editorial meet with our unqualified approval.]

It is too often assumed that the procreation of children is the sole, or at least the primary, ground of marriage, and there is a strong tendency in the present day to subordinate entirely the rights, emotions, impulses, and passions of the individual to ethnical considerations.

Now, it is beyond doubt that with our present knowledge of the hereditary element in disease, whether physical or psychical, the community has a right to take some measures to protect itself against the reproduction of degenerates, as it has against any other danger that threatens to deteriorate the race. It is such a motive, undoubtedly, that animates the various attempts which from time to time occur to effect legislation prohibiting syphilitics, tuberculous subjects, epileptics, etc., from marrying.

Unfortunately, the prohibition of marriage, when all that can reasonably be demanded by the State for its own protection is a prevention of procreation, is the only remedy commonly held out. But marriage, as we have before had occasion to remark, has greater aims than even the procreating of children—viz., the mutual comfort, consolation, and support of two beings of opposite sexes who are, in a rightly assorted marriage, the proper complements of each other, without which union the life of either is, and must necessarily be, incomplete. Neither is the act of sexual congress usually primarily viewed in the mind of man or woman as a means of procreating; but rather as the closest, highest, most intimate embrace and demonstration of love and devotion possible to human nature and dependent for its purity upon its motive. This point of view neither contemplates nor justifies the mere gratification of passion in a physical sense, the experiencing of physical sexual pleasure, for that is the motive of the mere sensualist and debauchee. It is based, rather, on the natural individual instincts that attract one man to one woman, wholly and entirely, in all relations, mental, emotional, and physical.

It is obvious, therefore, that the prohibition of union as a means of protecting the community is a serious wrong to the rights of the individual, upon which the rights of the community are based. We remember to have read a novel, by name *Robert Atterbury,* in which the hero, finding himself tainted with

phthisis, desires to break his engagement with the woman he loves, since it would in his eyes be wrong for him either to procreate children or to rob his beloved of the joys and duties of maternity. She, however, discovers that there is insanity in her family, which fact renders it improper for her to procreate her kind, and the pair finally enter into a purely Platonic marriage, which is never physically consummated. She ultimately fills up the measure of her natural cravings by the adoption of an orphan child.

This is, however, a height of self-abnegation which it would be unreasonable to expect many people to attain, and we fear that there are few who, even if they entered upon a life union with such intentions, would be able to keep them.

The chief conditions which, according to Dr. Spinelli, render it for the woman's sake highly undesirable that she should marry, or rather become pregnant, are various cardiopathies, especially where they are associated with phenomena of asystole, however transitory; a phthisical predisposition which, according to Stoltz, may be changed by pregnancy into confirmed disease; persistent albuminuria and chronic nephritis, in which, even if the woman escapes death, the immediate puerperal danger is greatly increased by liability to eclampsia or pernicious anemia; diabetes; chronic anemia, which, under the influence of pregnancy, the author considers, frequently takes on a pernicious character; and a preexisting hereditary mental taint, which is often rendered active by pregnancy, his statistics showing a very grave prognosis in such cases.

From a social point of view the reproduction of degenerates is also a grave question, to say nothing of the social side of procreation by syphilitics, tuberculous subjects, epileptics, and neuropathics or those with a mental taint, hereditary or acquired.

To all of these, if any other means of avoiding the dangers, personal or ethnical, can be found, the prohibition of a love union is a harsh and unjustifiable measure, and he says: "It may therefore be affirmed that in cardiopathies, in tuberculous subjects, in albuminuria, chronic nephritis, diabetes, grave anemia, mental maladies, preexistent or developing in the first pregnancy, it is necessary to prevent conception by secure methods."

The process he recommends is a surgical measure and consists in interrupting the utero-ovarian way so as to prevent the spermatozoids from reaching the ovule. Oophorectomy has proved to be often injurious to the entire organism. So-called Malthusian methods often fail; frequently they are merely conducive to immorality, and very often, he holds, they constitute a serious danger to the health of both parties.

The author therefore recommends two methods for the sterilization of women, both of them tolerably easy of execution, and practically devoid of any serious danger. His first method

is to open the peritoneal cavity from the posterior vaginal fornix by drawing the uterus downward and forward and making a transverse incision between the utero-sacral ligaments. The tubes are then sought for with the fingers, drawn thru the wound, and ligated, unless one or both of the anexa are diseased, in which case they are removed and the suture closed. The operation is slight and the patient able to leave her bed in about twelve days. The second operation consists in opening the anterior fornix between the bladder and uterus; dissecting the times is liberalizing. Our religion is not the only religion, nor The tubes are then ligated in two places and divided between the ligatures unless disease renders it necessary to remove one or both of them.

While it is far from our desire to counsel any increase of superabundant surgical enthusiasm, and while we distinctly deprecate any unnecessary "unsexing" of women, we can not but feel that there are numberless instances in which a safe and easy method of rendering women sterile when pregnancy would be a source of more than ordinary danger to the individual, or a direct wrong to the community, is far better than a harsh prohibition of that union without which, when rightly entered upon, the highest aim and incentive of life is incomplete, and in many cases life itself becomes a burden and a despair.

## THE NEW HYGIENE.

By Denslow Lewis, M. D., Chicago.

[The address of Dr. Denslow Lewis as chairman of the Section on Hygiene and Sanitary Science is a notable example of the progress towards liberalism and tolerance that the medical profession is making. It is one of the encouraging signs of the times. The address is well worth a careful perusal and we reproduce here the salient paragraphs.]

### THE EXERCISE OF TOLERATION.

History shows that in the beginning of government might was right, in the beginning of religion the progress from phallic worship was gradual, and invariably the domination of ruler and priest was selfish, and often oppressive and tyrannical. It has taken centuries for the development of the idea of equity. It is only of late years that we begin to understand the meaning of human brotherhood and to appreciate in its full significance the necessity of liberty, the inadequacy of repression, and the inestimable value of true education as a real measure of prophylaxis and as a practical means of right living. The tendency of the times is liberalizing. Our religion is not the only religion, nor does it embody all the truth. Our government is not perfect, nor are all other governments faulty. A great step in advance is taken when we are able to see beyond the confines of our individual methods of worship and government and are willing to acknowledge good in the methods of others. It needs no sect to

prove the beauty of integrity, sobriety and decency of life. A true morality is the basis of every true religion; dogmas, creeds and ceremonials are but paths leading to a common goal. The welfare of the people should be the chief object of every government; the methods in use are but expressions of the average intelligence of the community applied to existing conditions. Our boast is that our form of government is truly representative. Alarming in the extreme are statements made by prominent statesmen that the accumulation of wealth and power in the hands of a few is a menace to our system of government, because it tends to permit the exercise of a despotism which subserves selfish ends and militates against the well-being of the great mass of our population. The new hygiene, taking cognizance of this important factor in our present day civilization, as indeed it is bound to do in the case of all conditions that affect the welfare of humanity, gives evidence from its point of view and is prepared to show that the accumulation of great wealth is too often effected at the sacrifice of health, that the possession of millions is an incentive to dissipation, that morality, decency and probity apparently are cast aside when financial independence is assured, that disease and disgrace are not infrequently the sequelæ of affluence.

### PUBLICITY REGARDING THE VENEREAL PLAGUE.

There is another plague, which has been called the great black plague. In some respects this is the most serious of all, for it produces among adults the greatest morbidity and as a disturbing element in our society, it takes front rank. Originating, as it does usually, but not always, from extramarital sexual congress, its consideration in the past has been tabooed because a false modesty has prevented an exposition of the truth. With the success that has attended publicity regarding tuberculosis the past few years, there has arisen in this country among eminent venereal specialists and true philanthropists the conviction that maudlin sentimentality no longer can prevent a consistent study of all etiologic factors and a dissemination among the public of the knowledge we already possess. In an earnest endeavor to produce definite results—that is, to limit venereal infection—facts must be recognized and the truth must be told. If this is done, we must, first of all, admit the dominating influence of the sexual instinct which determines the perpetuation of the race. Why should we not admit this fact? This is the twentieth century, and education is said to be the palladium of our liberty. From the ignorant immigrant there is evolved in the second generation a real American. In appearance, in thought, in subjection to the law, in respect for our institutions, in love for our country, the child of the anarchist becomes one of us. If such a transformation as this can take place, how wonderful, then, are the possibilities, if a true education will teach the dangers that confront

the young and the ignorant, if the physiology of the whole body may be taught, if the study of man be made of chief importance in every curriculum.

THE CRIMES AGAINST WOMANKIND.

Intertwined with venereal disease and a result of perverted, premature or misdirected extramarital congress are the many crimes against womankind. The subject in its entirety is the most important that can engage the attention of the humanitarian. Here, also, we now believe, the policy of silence is responsible for the desolation of many a home and the ruin of many a girl. Ignorance, an etiologic factor in criminal abortion, illegitimacy and infanticide, must no longer be permitted to expose the innocent girl to unknown danger, but the new hygiene must intervene to protect her against the passion of the man and, if need be, even against herself. [Read Dr. Dalton's Diary, in this issue.]

I favor, as I have done for years, the teaching of the truth regarding ovulation, menstruation and conception. These subjects are among the most important matters the girl can know. I believe in teaching the boy regarding the sexual instinct, the possibility of continence, the dignity of virility, and his duty as a man, worthy of the name, toward woman. I believe in the advocacy of decency and the inculcation of principles of honor. This cannot be done by keeping silent. It is only possible by speaking out plainly, by telling the truth.

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My dear Doctor:—Enclosed please find my subscription for 1906. Your fight against the nostrums is in the right direction. May your effort be crowned with success. Yours fraternally, Henry J. Doll, M. D., Buffalo, N. Y.

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Dear Doctor:—Enclosed please find my subscription for this year. The first copy of the CRITIC AND GUIDE came to my notice to-day. Judging from the one copy I think I shall be pleased to receive it for the coming year. Yours truly, S. B. Allen, M. D., Burdett, N. Y.

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Dear Doctor Robinson:—Enclosed please find my subscription for 1906. Don't you think that Roosevelt's advocacy of large families is about on a par, in wisdom, with his busybody interference in the Japanese war, or with the excellent judgment, which made him in a pseudo historical treatise dub Thomas Paine "a filthy little atheist?" Take care he does not whack you with the big stick for daring to run counter to his pet theory. The summing up of John D. Jr. was masterly, while your description of those Russian wretches does the weary heart good. It is pleasant to meet a man who speaks his mind unreservedly and whom nature has given a good sound rough edge to his tongue.—Dr. de Lespinasse, Orange City, Iowa.

# FORMULAS.

As this is the time of insect bites, ivy poisoning, freckles and sunburn, I will reprint here what I have found to be the best formulæ for these annoying troubles.

**Poisoning by Rhus Toxicodendron (Poison Ivy, Poison Oak):**

Stp. Nitrous Ether .....4 ozs.

Apply frequently on lint and give also internally 10 min. every hour.

Spt. Nitrous Ether..... 4 ozs.
Solut. Lead Subacetate.....30 drops

Apply externally to the affected parts.

Sodium Bicarbonate..... 6 ozs.
Sodium Borate..... 1 oz.
Water ..... 2 pints

Shake well (the whole amount of the bicarbonate will not dissolve) and apply freely on cloths. Change frequently.

Fl. Ext. Grindelia Robusta.. 1 oz.
Peppermint Water..... 2 ozs.
Rose Water..... 6 ozs.

Apply freely on cloths and give internally 2 to 5 drops of the fluid extract every hour Much larger doses may be given.

Lead Acetate..... 1 dr.
Tinct. Opium..... 1 oz.
Water.....to make 1 pint.

Apply externally. (For mild cases only).

Ammonium Chloride..... 1 oz.
Spt. Nitrous Ether..... 2 ozs.
Water..... 14 ozs.

Apply externally every hour.

Sodium Hyposulphite..... 6 ozs.
Water .....12 ozs.

Apply freely on lint.

Sol. Lead Subacetate.....M. XX
Menthol .....10 grn.
Petrolatum ..... 1 oz.
Cold cream..... 2 ozs.

Apply every three hours The proportion of the menthol must be gauged by the sensations of the patient. To some it is very agreeable and cooling, and they ask for an increase of the menthol. In other cases of poison ivy the menthol is irritating.

Salicylic Acid..... 1 dr.
Lycopodium ..... 2 dr.
Bismuth Subnitrate..... 3 dr.
Starch ..... 6 dr.

Apply freely, after the acute stage has somewhat subsided

Starch ..... 3 dr.
Zinc Oxide..... 1 dr.
Magnesium Oxide..... 4 dr.

Apply frequently with powder puff.

Each of the above formulas is good. But the best in our experience is the one containing spirit of nitrous ether and ammonium chloride.

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**Freckles:**

Emulsion(Milk)Almond, U.S.P.6 ozs.
Boric Acid..... 1 dr.

Apply frequently.

Emulsion Almond..... 4 ozs.
Corrosive Mercuric Chloride 4 grn.

Apply carefully every three or four hours.

Corrosive Mercuric Chloride. 4 grn.
Bismuth Subnitrate..... 1 dr.
Zinc Oxide..... 1 dr.
Mucilage Quince Seed..... 1 oz.
Rose Water..... 3 ozs.

Apply frequently. An excellent preparation.

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**Sunburn:**

Solut. Lead Subacetate..... 8 drops.
Slippery Elm Bark..... 1 dr.
Rose Water..... 4 ozs.

Macerate a few minutes and strain. Apply frqeuently.

Hydrogen Peroxide..... 1 oz.
Rose Water..... 7 ozs.

Apply on lint on going to bed.

Hydrogen Peroxide..... 1 oz.
Glycerin ..... 1 oz.
Rose Water..... 4 ozs.
Mercuric Chloride..... ½ grn.

Swab on three to four times a day.

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**Bites of Insects, Mosquitoes, Bees, etc:**

Ammonia Water..... 2 dr.
Eau de Cologne..... 6 dr.

Apply with cotton swab. (Sure cure).

# Letters to the Editor.

Were we to print all the letters received during the past two weeks, they would fill every issue from beginning to end from now on until the end of the year. As this is manifestly impossible, we just print a few taken at random.

Dear Doctor:—I received the May number of the CRITIC AND GUIDE and am very much pleased with the matter and its general make-up. It is a very unique journal and I bespeak for you a very large clientelle. I enclose $1.00, and wishing you the success your journal and your praiseworthy efforts deserve, I remain, Yours very truly, Dr. W. O. SMITH, 15 S. Market Square, Harrisburg, Pa.

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Dear Doctor:—I have read the May number and it is *good*. I wish we had more men to speak out the Almighty Truth. Fraternally, R. G. ANDERSON, M. D., 612 Lodi st., Elyria, Ohio.

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Dear Doctor:—I have read with great interest your sample copy of the CRITIC AND GUIDE, and for fear I may miss something good and worth while in these days of cringing mercenary editors and vapid, platitudinous journalism, I hasten to enclose check for your little "yellow journal." Your "stuff" has the ring of fearless honesty which must appeal to honest men; and your ideas are surely in harmony with those of reasoning, scientific men, who have the courage to break away from the "spineless" crowd, and express their true and rational convictions. You are to be congratulated upon the invaluable means and signal ability to promulgate such sensible live thoughts and truths. Hoping for your continued and increasing success, I beg to remain. Very truly yours, G. S. BROWNING, M. D., 511—4" st., Sioux City, Iowa.

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Dear Doctor:—Sample copy received. Enclosed please find check. I like the frank and fearless manner in which you launch out. It is certainly a relief to the profession to find someone who is capable and willing to blaze the way that others may see the light. May success attend your efforts. Fraternally, J. A. WALLS, M. D., 21 S. 10" st., Richmond, Va.

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Dear Doctor:—Am well pleased with sample copy and so enclose $1.00. You are a striker from the shoulder and that's what suits me. I agree with you on the prevention of conception question. Just keep on giving the frauds straight punches and you will cause this nostrum evil to double up like a jack knife in a little time. Yours truly, V. T. BOAZ, Ph. G., M. D., Girard, Kansas.

Dear Dr. Robinson:—I have just finished reading the May number of the CRITIC AND GUIDE. Result: one dollar enclosed. When I left medical college, I was advised to subscribe for the high priced medical journals if I wished to be up-to-date. I have learned better since. The present medical reform was not brought about by the "big guns," but by the great medical champions—Abbot and Waugh and Robinson and especially Taylor. I love and appreciate a man with a backbone—one who is not afraid to say his say regardless of authorities and precedence, one who has at heart the medical profession and not dollars and cents as so many of our editors—of the Lawrence kind—have. Keep up the good fight, brother Robinson, and you shall not go unrewarded. Yours fraternally, J. G. W. FISCHER, M. D., Alma, Mo.

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Critic and Guide Co:—Enclosed please find my subscription. Most of the other medical journals I take I rarely find time to read and seldom find anything worth reading after taking the time. Your journal—if the copy you sent me is a sample—has a somewhat different ring. Respectfully yours. HARRY N. BROADBRIDGE, M. D., 179 Brighton av., Allston, Mass.

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Dear Doctor:—A copy of the CRITIC AND GUIDE has just come to my notice, and altho I have quite a supply of weekly and monthy reading matter, yet it seems to me that I should be missing an opportunity if I did not subscribe to your journal. I have already utilized one of the prescriptions found in your article on the Treatment of Sexual Weakness, etc. and I am anxious to see the continued paper on this subject. I enclose $1.00. Yours truly, DR. F. A. ROGERS, 37 High st., Everett, Mass.

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Dear Doctor:—I received a sample copy of the CRITIC AND GUIDE and enjoyed the reading of its contents immensely. I particularly admire the stand you take against things that you think are trumped, and are not what they are represented to be. In these days of conventionality we have to look with a lantern during the day in order to find a man—I mean one who is not afraid to tell the truth. Enclosed please find my subscription and I shall make it my business to urge as many of my friends as I can possibly influence to become subscribers to your worthy journal. Wishing you success in all your endeavors, I am, Sincerely yours, JOSEPH H. GETTINGER, M. D., 147 Clinton st., N. Y. C.

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Dear Doctor:—Sample copy received and we have been immensely pleased with the way you have been going after the crooked concerns of the land. Keep at it; we want to see you get there with both feet. There are too many of these "little

nickle in the slot fellows" who are afraid to own that their souls are their own—who don't care to attack these corrupt concerns. We are glad that there are a few men who have the courage of their convictions and who have the sand to go after frauds when they see them. Those good pious fellows of the Standard Oil crowd, J. D., H. H. Rogers, *et al* who donate to churches and colleges, and then raise the price of oil and steal the money from the public to make them appear generous, need exposure. Go after the scamps; we have little use for them on earth, and don't believe there is any place for them in heaven. We like the CRITIC AND GUIDE and so enclose the necessary dollar. Respectfully yours, DRS. KUYKENDALL AND CARDWELL, Pomeroy, Wash.

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Dear Doctor:—Your journal is a "hummer" and sounds good to me. When you run for president I'm for you. Respectfully, E. C. STRAUS, M. D., 738—3" av., Louisville, Ky.

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Dear Dr. Robinson:—Enclosed please find check in payment for current year of your valued CRITIC AND GUIDE. You have indeed set yourself an enormous task and I admire your valiant and plucky fighting qualities. Keep at it! "Every little bit helps." Sincerely, BERNARD BAUMER, 810 Ashland Block. Chicago.

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Dear Doctor:—Enclosed please find my subscription for two years. Let the good work go on. DR. ALFRED AHLMAN, Ochiltree, Texas.

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Dear Sir:—I take great pleasure in reading your valuable little journal and hope you will continue your effective work against quackery. You can count on me for any support. Yours truly, J. DUNCAN MACNEIL, Sidney Mines, Canada.

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Dear Doctor:—The CRITIC AND GUIDE is all right. There is a place for a radical journal in medicine, as in economics and sociology. Your work touching contraceptics will appeal to thousands of physicians recognizing a crying need. Sincerely, DR. F. J. WILANGER, Franklin, Cal.

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Dear Sirs:—You have my best wishes for your continued success. Your journal has certainly made great strides in weeding out the secret formula evil and doctors ought to show their appreciation. I for one wish to show mine and so enclose check. Yours truly, DR. THOMAS STONE LEWIS, Suite 212, Trust Co., Bldg., Lexington, Ky.

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Dear Doctor Robinson:—I hasten to discharge my indebtedness to the CRITIC AND GUIDE—enclosed please find postal order.

I like your journal and read each issue carefully. I enjoy your clean cut style of saying things. After reading one of your articles, I have the feeling that I understand what you intended to say, for you say just what you mean—no evasions or covering up. I have one regret, however, and that is that other matters seem to have largely replaced the chapter on pharmaceutical subjects. Yours very truly, W. H. ZOTTMAN, Masonic Temple, Church street, Burlington, Vt.

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Gentlemen:—Enclosed please find my subscription. The CRITIC AND GUIDE is O. K. Every pharmacist and physician ought to read it. It will do them good. Respectfully yours, J. H. BEISE, Fergus Falls, Minn.

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Dear Doctor:—Enclosed please find my subscription. I think the CRITIC AND GUIDE hews to the line and lets the chips fall where they may. Fraternally yours, DR. C. W. MARTIN, Payson, Okla.

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Editor Critic and Guide:—Enclosed please find my subscription. Send that little yellow bull dog along. I am indeed pleased with the character of its topics, they certainly deserve the attention they are evidently receiving. Keep up the good work, Doctor. Give hell to those who deserve it, adding damnation to your adjectives when necessary. Fraternally yours, DR. J. H. SULLIVAN, Postoffice Bldg., Macomb st., Mt. Clemens, Mich.

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Dear Editor:—I am so much pleased with your very interesting journal, that I gladly subscribe for the next two years. Yours truly, DR. L. A. BEAUDRY, 95 Rue Mondor, St-Hyacinthe, Quebec, Canada.

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Editor Critic and Guide:—Enclosed please find check. We long to see the CRITIC AND GUIDE in the mail box. Out of more than a dozen journals that I read monthly, yours is the most interesting. I would dislike to have to practice without it. It certainly can't help doing an enormous amount of good. Yours very sincerely, DR. E. C. HAMLEY, Sprague, Washington.

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Dear Doctor:—W. C. Brann of the Iconoclast is dead, but W. J. Robinson of the CRITIC AND GUIDE is on terra firma. Skin them, W. J., and send me one dollar's worth of hide in the form of the CRITIC AND GUIDE. Fraternally yours, J. W. JANES, M. D., Columbus, Kansas.

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Dear Doctor:—Enclosed please find my subscription for two years. In the CRITIC AND GUIDE I find nothing to criticise, but

much to commend and praise, especially its originality and individuality. In short, it is one of *Darwin's useful variations* upon which depends the progress of the human race. Yours truly, DR. F. M. NICE, Hamburg, Pa.

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Dear Sir:—Enclosed please find check. I am well pleased with the CRITIC AND GUIDE and like the independent stand you take. The journal contains much valuable information for the progressive physician. Wishing you success, I remain, Sincerely yours, DR. FRANK H. WRAY, Sioux City, Iowa.

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Gentlemen:—Enclosed please find draft in payment for my subscription. The CRITIC AND GUIDE suits me "down to the ground." I like the fearless, yet fair manner in which it attacks the frauds, fancies and foibles of the times, and am especially pleased with the stand taken in regard to the prevention of conception and the nostrum evil. Yours very truly, DR. F. H. LITTLE, Muscatine, Iowa.

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Gentlemen:—Enclosed please find subscription for your journal. The CRITIC AND GUIDE is all right—a great deal of good reading in a little book. Yours very truly, DR. R. A. REID, E. New Castle st., Zelienopole, Pa.

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Dear Doctor Robinson:—Enclosed please find my subscription to your valuable journal. I certainly like your CRITIC AND GUIDE very much. There is a great deal of valuable information in it. The striking feature of this young but vigorous journal is its fearlessness and its marching ahead without stumbling over obstacles. I foretell for that manly youth *un grand avenir*. Cordially yours, M. CISIN, M. D., 145 ave. B., New York City.

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Dear Doctor Robinson:—Here is my dollar. That "dislike of the financial part" so common to Doctors is the cause of so many complaints of poor collections. The laborer is worthy of his hire, why not the publisher of his journal? I hope you will never give away the CRITIC AND GUIDE free to those who express a desire for it. There must be a great satisfaction in the knowledge that somebody wants it and is willing to pay for it. [You are right!]

We may not always agree with all you say, but we know that you will call a spade a spade, and if the spirit moves you, you will call it a "bloody shovel." Yours very truly, Emil Mayer, M. D., 25 East 77th St., N. Y.

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Gentlemen:—Enclosed please find check for $3.00 for four years' subscription. Yours truly, L. J. Coppedge, M. D., Aurelian Springs, N. C.

Dear Sir:—Sample copy just received. I am inclined to part with the cash for a year's subscription in hopes of getting more of the same kind; it tastes so good. It strikes me that this issue contains relatively too much criticism in proportion to its guidance—for in addition to an honest, fearless criticism of cant, hypocrisy and fakes we, busy practitioners, want also a goodly measure of light thrown upon the therapeutic guide posts pointing toward that final goal—the relief of suffering humanity.—O. C. Vermilya, M. D., Board of Health, Fremont, Ohio. [Your criticism is right, Doctor.]

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**Colored Physicians in the A. M. A.**

To the Editor of the CRITIC AND GUIDE: In the April number of the Texas Medical Journal Dr. F. E. Daniel, the editor, emits a warwhoop of defiance against the American Medical Association and urges the physicians of the South to secede from that organization. Dr. Daniel has learned with disgust that it is possible for a negro to be a member of the American Medical Association. He says: "It is a hard matter to teach old dogs new tricks; I can't quite come down to the level of pathies and negroes as brother physicians, and I have the courage, or should I say indiscretion, to say so." When Dr. George H. Simmons, secretary of the American Medical Association, informed him that it is a fact that at present there are negro physicians in good standing in the national medical organization, the Southern editor said:

"This should cause every Southern physician to withdraw from this olla-podrida, this potpourri, where all is fish that comes to the Octopus' net. The lion and the black lamb will never lie together. Let the Texas State Medical Association secede from the medical union, and once more raise the Lone Star Flag of Texas."

When I read the lines I have just quoted it seemed to me that I had encountered a joke which I could not understand. It did not seem possible that it could be anything else, and in an editorial in the New York Times where this matter is discussed, the editorial writer said he hardly knew whether this was jest or earnest. But the May number of the Texas Medical Journal settles all doubt, for then Dr. Daniel returns to the subject with increased intensity of comment. Speaking of the negro physician, he says:

"In Texas he is not eligible, under our by-laws, either to State or county medical societies, and can never be affiliated with the medical profession of Texas. The Southern people—the medical men of the South—cheerfully accord to him all that is coming to him. We grant him all civil, political and religious rights, but the line is drawn and will never relax—at social and scien-

tific affiliation with him. The time has come for the Southern States to secede from the American Medical Association and establish a Southern Medical Confederacy. Who will start the organization of a Southern Medical Association?"

I send these lines more as a matter of news than as a letter of criticism. At first I felt impelled to sharpen my pen and say several things which can very well be left for some other time. It is evident that it would not take long to transform this into a political discussion. But I would like to say this: While I am not a member of the American Medical Association, if I were, the first thing I would consider it my duty to do would be to work with all my strength to repeal that rule which permits State societies to decide who shall or who shall not have the privilege of becoming members. Then when the central organization had purged itself it would be in a position to anticipate Dr. Daniel and throw out his State organization before it had the opportunity of seceding.

Yours truly,

J. EDWARD HERMAN, M. D.

64 Grove street, Brooklyn, N. Y.

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**"The Medical Standard."**

My dear Doctor:—Glad to note your reference to the Medical Standard. I have been a reader of this otherwise excellent journal for six years and was very much surprised and disappointed at its position in regards to the nostrum question and the matter of State journals. I recently expressed my disapproval to its editor in no uncertain tone. It is with them not a matter of sentiment or of mistaken judgment, but purely of commercialism—of a financial interest. They simply made a mistake; they expected to sway the bulk of their readers, but they will be badly disappointed. Unless they change their attitude they will lose thousands of readers before the year is out. It has reduced its "standing" at least 33 1-3 per cent. Right, justice and common sense will prevail in the end. Fraternally yours, F. L. SCHMAUSS, M. D., 209 N. Front st., Mankato, Minn.

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Editor CRITIC AND GUIDE:—Please inform me when my subscription expired. Being such a delightful piece of literature I do not wish to get behind in my subscription. Very respectfully, Dr. Edw. F. Backmann, 767 S. Ninth St., Philadelphia, Pa.

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I thought wonderful thoughts and dreamed marvelous dreams. The world was rotten; I meant to make it fit to live in. And what is the result? Nothing. The world is rotten still, rotten to the core. I dream no more dreams.—*Lord Innisbrook.*

# Book Notices.

A Text-book on Prescription-Writing and Pharmacy, by Bernard Fantus, M. D., Professor of Materia Medica and Therapeutics, College of Physicians and Surgeons, and Jenner Medical College, Chicago. Octavo 416 pages. Chicago Medical Book Company, Chicago, 1906. $3.00 net.

This book represents an attempt to introduce into the curriculum of our medical colleges a special course on prescription-writing and pharmacy, including laboratory work. One typical specimen of each of the various classes of pharmaceutic preparations is made in the labratory; so as to give the student a real insight into their nature, and make him more intelligent in their prescribing. A special feature of the book is the introduction of numerous problems in prescription-writing.

The publication of this book is timely indeed, inasmuch as the present agitation against the proprietary medicine evil has made us realize that the root of the evil lies in deficiency in the teaching of pharmacy and prescription-writing in our medical colleges. The book is thoroly up-to-date, and in accord with the new 1905 Pharmacopeia.

Diseases of the Nervous System Resulting from Accidents and Injury, by Pearce Bailey, A. M., M. D., clinical lecturer in neurology, Columbia University; consulting neurologist to the Roosevelt, St. Luke's, and Manhattan State Hospitals, etc. D. Appleton and Co., New York and London, 1906. 94 illustrations. Cloth.

Several years ago Dr. Bailey published a book on Accident and Injury in their Relations to the Nervous System, which treated with the nervous affections resulting from injury and fright. The present volume is a new book, its scope having been extended so as to form a systematic treatise on all traumatic affections of the nervous system. The book is written from the neurologist's standpoint, the subjects fully described in text-books on surgery being dismissed with the briefest mention. In discussing brain injuries, for instance, the late effects receive considerably more notice than the acute symptoms. The mechanical make up of the book—the paper, illustrations, etc.,—is of the highest excellence.

The Modern Materia Medica. The source, chemical and physical properties, therapeutic action, dosage, antidotes and incompatibles of all additions to the newer materia medica that are likely to be called for on prescriptions. New York. The Druggist's

Circular, 100 William Street, 1906. Cloth. Price $1.50. The title describes the book correctly. We have no doubt that it will become very popular with every pharmacist, an indispensable vademecum. To speak of the necessity of such a book to druggists is superfluous. We advise every dispensing pharmacist to procure the volume, for at the present time it is one of the most complete on the subject in the English language.

THE DETECTION OF POISONS AND STRONG DRUGS, including the quantitative estimation of medicinal principles in certain crude materials. By Dr. Wilhelm Autenrieth, professor in the University of Freiburg. Authorized translation from the third enlarged German edition by William H. Warren, Ph.D., Professor of Chemistry, medical department of Washington University, St. Louis, Mo. P. Blakiston's Son & Co., Philadelphia. The title of the book gives an idea of its scope. We have examined the volume carefully and find the statements clear and concise and the methods up-to-date and reliable. Students of medicine and pharmacy will find it a valuable guide to toxicologic analysis.

INTERNATIONAL CLINICS. Volume I of the Sixteenth Series of this excellent quarterly is now before us. As usual, it offers the reader a great wealth and variety of material. To comment upon each article would take too much space. We will merely give the titles of a few of the more notable and practical articles. They are: The Medical Treatment of Exophthalmic Goiter, by James Tyson; Coughing and Its Relation to Treatment, by James M. French; The Indications For, and the Methods of, Performing Venesection, by John W. Wainwright of New York (a very valuable paper, in view of the neglect by the profession of this important, often life-saving measure); Diagnosis and Treatment of Membranous Tonsilitis, by Lewis S. Somers, etc. Besides, this volume contains a Review of the Progress of Medicine during 1905. "Treatment" is by A. A. Stevens; Medicine is by D. L. Edsall and Verner Nisbert. and Surgery, by Joseph C. Bloodgood. The volume is well illustrated and well bound in cloth.

HUMAN SEXUALITY. A medico-literary treatise on the laws, anomalies and relations of sex with especial reference to contrary sexual desire. By J. Richardson Parke, Sc.B., Ph.G., M.D. Professional Publishing Company, Philadelphia, 1906. Extra cloth, $3. This book is only for people who make a special study of the sex instinct and its vagaries and aberrations. Such students will find in it a wealth of material. There is nothing referring to the sexual perversions that has been left out by the author. The book is sold to earnest students only, to physicians, lawyers, clergymen, etc. The work shows a great deal of reading on the subject and is written in a breezy, entertaining style.

[Written for the Critic and Guide.]

## TO THE GENTLE PACKER.

By W. C. Cooper, M. D.

The scarabeus will daintily eat
A nameless filth with a shrug—
here's no kick coming in his case
o: he's only a tumble bug.

The duck will greedily gulp stale guts
And feel that he's in good luck;
He'll write no novel about it either,
Because he's only a duck.

The hog will feast on reeking rot
That would nearly sicken a dog;
It's very awful—indeed it's offal,
But then he's only a hog.

The dog will revel in carion
That would nearly sicken a hog,
But his tastes have not been outraged
Simply because he's a dog.

The human is more particular,
And slightly inclined to rebuke
The gentle packer who sells us stuff
That would make a buzzard puke!

The "peck of dirt" that we used to eat
We didn't so much resent,
But we kick when the packer thrusts down
Our throats dirt by the continent.

*Cleves, O.*

* * * *

Science has done much, and will do more, to alleviate the unhappy condition in which so many millions of our fellow creatures live, and in no way more than in mitigating some of the horrors of disease; but we are too apt to forget that apart from, and beyond her domain lie those irresistible forces which alone sway the hearts of men. With reason science never parts company, but with feeling, emotion, passion, what has she to do? They are not of her; they owe her no allegiance. She may study, analyze, and define, she can never control them, and by no possibility can their ways be justified to her. —Osler.

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Dear Sir:—Have just received sample copy of the CRITIC AND GUIDE and like it very much. Enclosed please find my subscription for 1906.—R. F. Winchester, M. D., Santa Barbara, Cal.

MEDICO-PHARMACEUTICAL

# CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1. Single copy, 25c. Foreign, $1.50; 6 Sh.; 6 Mks; 8 Frcs.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth;
Than never to tell the truth for fear of making a mistake.

Vol. VII. NEW YORK, AUGUST 1906. No 2.

A superstition overthrown
May raise again its head,
But superstition once outgrown
Remains forever dead.—VICTOR ROBINSON.

## A PRESUMABLY TICKLISH SUBJECT FREELY DISCUSSED.

I don't know whether or not the CRITIC AND GUIDE is read by more people than any other medical journal, but I do know that no other journal is read more intently, more thoroly, more critically. And well that it is so. I have encouraged my readers in this attitude. I want them to ask questions, I want them to criticize. And they do, for they know that I *never* shirk an issue, *never* fail to answer a question. This by way of preface.

My mail, which by the way, is getting gratifyingly heavier from day to day, brought me this morning among other things a letter from a subscriber of the following contents:

"We all like and admire the CRITIC AND GUIDE. The journal is O. K. But I don't think you are quite consistent in your advertising pages. How can you advertise Gude's Pepto-Mangan and Vin Mariani? You will say they are not advertised to the laity. Perhaps not in the real sense, but the laity buys them just the same, and a druggist friend tells me he sells almost as much of them across the counter as on physician's prescriptions. For this reason alone, we physicians and ethical journals like the CRITIC AND GUIDE should have nothing to do with those preparations."

Is that so? Let us see, my good friend. Perhaps you will acknowledge that your logic is just a little lame. Consistency, says Emerson, is the bugaboo of small minds; but I would rather plead guilty to a small mind, than to inconsistency. I am very ticklish on that point. I have been trying to be strictly consistent in the conduct of my journal, and I should feel actually ashamed if I had to admit a glaring inconsistency. But not yet, and not soon either. You say that we should have nothing to do with

Gude's pepto-mangan and vin Mariani, because those two preparations are bought by the laity. If I am not mistaken, quinine and paregoric are also bought largely by the laity, without a physician's prescription. Should we on that account cease to prescribe those two preparations? But why take such common preparations? There is hardly a new remedy, there is hardly a synthetic, more or less generally prescribed by the profession, that is not also bought by the laity across the counter. Veronal is only about two years old, and nevertheless it is quite well known among the intelligent laity. And this is an evil which cannot be helped. We are not living in the middle ages, and our patients are not illiterates. Either in the doctor's office or as soon as they leave it, they examine the prescription and nine times out of ten they know what they are getting. We cannot write our prescriptions in hieroglyphics, and even if we could, it would not do us much good. Our intelligent patients insist upon knowing what they are getting and we cannot wrap ourselves in a shroud of mysticism. The time of mysticism and secrecy is passing rapidly. The really competent physician is taking the patient—the intelligent patient—into his confidence and finds that instead of being the loser, he is the gainer thereby. And so is the patient.

No, my friend. Because a remedy, originally prescribed exclusively by the medical profession, has become so popular as to be purchased by the laity, is no reason why we should ostracize it, or why it should be refused admission by ethical journals.

All I ask of a remedy is (1) that its composition be not kept secret, (2) that if potent, it be not advertised to the laity, and (3) that it possess positive therapeutic value. The two preparations in question certainly answer the three requirements satisfactorily.

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## IS PEPSIN OF ANY VALUE?

I met in Boston one of my ultra-scientific friends, who, seeing me take a swallow of essence of pepsin, pitied my "backwardness." Why, pepsin has been shown to have no value in any kind of indigestion, said my ultra-scientific friend. He talked and talked, and I let him talk on. And if he had talked from the fifth of June, 1906, till doomsday, citing experiment after experiment (made in the test-tube), he would not have succeeded in changing my opinion of the value of pepsin. Not because I am not open to conviction, but because *personal experience* is not shaken by the most plausible arguments and so-called proofs. We may not know the exact modus operandi of pepsin, but of its great value in many forms of indigestion, heavy feeling after eating, etc., there is no question in my mind whatsoever. Have put it to the test too many times. If some doctors get no benefit out of pepsin, it may be due to the fact that they use too small

doses, or use a pepsin that is pepsin in name only. There are essences of pepsin on the market that possess about as much digestive power as an equal volume of aqua fontana.

## THE N. A. R. D.

I received three different communications filled with abuse of the N. A. R. D. with the request that I print them. I put them into the waste basket, and for the following reasons: First, they were all from non-subscribers, and the indications were very strong that the writers merely wanted to use the CRITIC AND GUIDE as a catspaw. Second, all the three writers made it a condition that their names be not printed nor disclosed. Third, the communications contained no proofs, no arguments; mere abuse, vague hints at graft, etc. It looked very decidedly as if the writers had a personal grudge, and wanted to use the C. & G. to let off their spleen. Hence all the three communications are now resting in our hospitable waste basket.

Perhaps this is as good a time as any to state the attitude of the CRITIC AND GUIDE towards the great organization of the National Ass'n of Retail Druggists. Once or twice we had occasion to criticize it for what seemed to us its too ardent endorsement of certain proprietaries; we shall criticize it again, if in our opinion it deserves criticism. But this does not change the fact that this organization has done wonders for the druggists of America. We refer not only to the better trade conditions, which are due in a great measure to its efforts, but the friendly fraternal spirit, the *esprit de corps* which is becoming so manifest in the profession. Prior to the organization of the N. A. R. D., practically every pharmacist regarded his neighbor or competitor as a mortal enemy. It was a rare thing to see the pharmacists of the same locality coming together and discussing trade problems in a friendly manner. Now all this is changed. They all recognize that cut-throat competition is an injury to all and a benefit to none (no, not to the public either), and that human conditions in any trade or profession can only be established by friendly co-operation. And for this undeniable change for the better, the N. A. R. D. deserves the credit.

As to proprietary medicines, while we do not agree with the emphasis laid on this feature, and while we distinctly claim that a pharmacist should never *push* or *advertise* proprietaries, no matter how much profit he makes on them, still *sell* them he must. As long as there is a demand, he must supply it if he does not want to starve (and none of us is particularly anxious to do that); and once he has to supply the demand, it is much preferable he should make a fair margin of profit, than he should make a cent or two or have to sell under cost.

If there is a flaw in the logic of this article, will somebody kindly point it out?

## THEY CAN'T UNDERSTAND IT.

The fakirs say—some of them—they cannot "understand the CRITIC AND GUIDE." I am not surprised. How should they? Brought up without moral principles, devoid of moral rectitude, ignorant of the meaning of a purely altruistic act, accustomed to measure everything by the amount of profit it brings, by what there is in it, the CRITIC AND GUIDE is an enigma to them. And unable to understand it, they malign and calumniate it, lie about it and try to destroy it. All their efforts, however, are in vain. The growth of the CRITIC AND GUIDE is truly remarkable. Besides physicians and pharmacists, for whom the Journal is principally intended, we have quite a respectable number of subscribers among dentists, lawyers, clergymen, writers, lay editors, liberals and radicals of all shades, and every day finds it with a larger audience.

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## O'GORMAN, THE GAME IS SPOILED.

Nothing hurts the fakir O'Gorman so much as the mere making public by us of the fact that he is the publisher of the so-called *American Medical* (?) *Journalist.* It was his supreme ambition to have his sheet regarded as a real journal published and edited by medical men. Only then could he hope and expect that it would have a modicum of influence at least. Now, our telling out of school, at such an inopportune time, that that sheet is published by a patent medicine advertising agent, spoils the whole game. For now everybody knows that the *American Medical* (?) *Journalist* is not a journal at all, but merely the ante-mortem grunt of the infuriated patent medicine mongers, who see that their business of fooling the profession and the laity is coming to an end; that no longer will they be able to palm off worthless or poisonous mixtures at 5000 per cent. profit; that the profession and the laity are waking—and will have none of them. Yes, the game is spoiled! Thanks to the CRITIC AND GUIDE the profession is aware of the fact that the *Anti-medical Journalist* (?) is not a journal at all, but merely the vindictive hiss of the expiring patent medicine snake, which cannot refuse itself the ante-mortem pleasure of squirting out its venom on those who brought about its fatal condition.

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## HOW FORMULAS ARE GIVEN.

A new fake—or perhaps it is an old one with a new name—is being advertised from the City of Fakes, St. Louis. Its name is "sulphogen," and the manufacturers give the formula. Yes, they do! Here it is: Echinacea, genista with the normal sulphates and aromatics. What the dickens are "the normal sulphates"? It is such fake formulas which I claim are worse than no formulas at all.

# Notes, Thoughts and Impressions

By the Editor.

### Tuberculosis a Social Disease.

Dr. S. Solis Cohen hits the nail on the head, as he usually does, when he says that tuberculosis is no longer a medical, but a social problem. "The doctors," he stated, "have shown the path which must be followed, and it is the duty of the community to cope with the situation. Tuberculosis is primarily a housing problem, and in the end analyses its causes into two economic factors—high rents and low wages. Cause rents to be low and wages high, and you solve the tuberculosis problem." Dr. Cohen is right. And if somebody will now show us an easy, feasible method of quickly bringing about the economic millennium, we shall be extremely thankful.

### The Spirit of Unrest.

At no time was the world progressing with such giant strides as it is just now. The spirit of unrest which none but the dullest can fail to see is stronger than ever and, what is more important, it is being taken notice of by those who are in a position to make history. The address delivered at the recent commencement exercises of Columbia University by the conservative President Butler, contains several notable passages. "A spirit of unrest," said he among other things, "is abroad not only in our own land, but in other lands as well." * * * That this unrest has been and is being used by ambitious men for their own selfish ends and for gain by journalistic builders of emotional bonfires is certainly true; but it will not do to dismiss this spirit of unrest with a sneer on that account.

"It has passed far beyond the bounds of the dreamers and visionaries, the violent-minded and the naturally destructive. Men accustomed to honest reflection and themselves possessed of property, always the sheet anchor of conservatism, have come under its influence. Policies that not long ago were dismissed as too extreme for serious discussion are now soberly examined with reference to their immediate practicability. What has brought about this change?

"An answer is not far to seek. An increasing number of men have come to distrust the capacity of society as now organized to protect itself against the freebooters [Rockefellers, Russell Sages, etc.] who exist in it. An increasing number of men believe and assert that law and justice are powerless before greed and cunning, and they are the more ready to listen to advocacy of any measure or policy, however novel or revolutionary, that

promises relief. Their imaginations, too, cannot help being affected by the appalling sight so often called to our attention of late, of that moral morgue wherein are exposed the shriveled souls and ruined reputations of those who have lost in the never-ending struggle between selfishness and service that goes on in the human breast.

"Where amid all this shall the university graduate throw his influence?

"The first duty of the trained and educated mind when it faces conditions such as these and must take a definite and responsible attitude toward them, is not to lose its balance, its poise, its self-control. It is worth while to look back at the majestic figure of Lincoln, crowned now with immortality's laurel, tranquil amid far angrier seas than ours.

"Not much is to be gained by passionate denunciation of principles and men, if there is no clear perception of where the difficulty lies and of what it is that is to be remedied. A first step, then, is an analysis of the conditions complained of and their genesis. I lay particular emphasis upon their genesis, for most rebuilders of society are singularly neglectful of history. Their lip service of evolution does not often carry them to the point of considering our present institutions—social, economic, political—as evolved, and, therefore, as having the weight of years of human experience behind them."

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**A Point of Ethics.**

Prof. A. L. Benedict, of Buffalo, is a clear writer and logical thinker. In the *Medical Times,* (June, 1906), he says: There is a point in ethics, from the side of the manufacturer, which we have not seen mentioned in the literature. When a reputable firm places before the profession a really valuable article, either as a product of costly experiment or as a matter of ordinary business enterprise, and it is imitated without improvement by other firms, it seems to us plain that the profit should accrue to the original producer and that competing firms should be frankly told that the benefits of trade do not belong to them.—Right you are Dr. Benedict! Fair play to everybody, has been the motto of the CRITIC AND GUIDE. And our readers will recollect that we have touched on that very point in our paper, Proprietary Remedies from a Physician's Standpoint.—(CRITIC AND GUIDE, March, 1906).

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It is a grand thing to be ahead of your age, to be a beacon light upon the highway of progress, to shatter idols, to battle silly taboos, to crack custom's chains, to reveal new truths, to hold aloft new lights, but you must pay the penalty, the penalty that infant truth always pays to giant falsehood. V. Robinson.

# Original Contributions

## THE OFFICIAL STATE JOURNAL VS. THE INDEPENDENT MEDICAL JOURNAL.

By William J. Robinson, M. D., New York.

I am so constituted that for the life of mine I cannot talk to the gallery. And I have a marvellous ability for—making myself unpopular. Not, as a friend told me, because my doctrines are wrong or my arguments fallacious or unsupported by facts. No, (said he) my ideas are right, but I enunciate them in the wrong place. When I am among socialists, I take particular delight in pointing out to them their own shortcomings, and in proving to them that the capitalists are not as bad as they paint them, and are playing a most important and beneficent rôle in the history of the human race. And this makes me unpopular with the socialists. When I am with narrow-minded capitalists, it affords me particular pleasure to show them that their ideas about socialism merely demonstrate their dense ignorance, that the socialists are not at all the terrible creatures the corrupt and ignorant newspapers try to make them, and I endeavor to prove to them that the tendency thruout the whole civilized world is unmistakably and uncheckably towards socialism. And this makes me unpopular with the capitalists. Similarly with religion. To the scoffing atheist I endeavor to demonstrate the undeniably important rôle that religion has played, and is still, tho to a lesser extent, playing in the world, and that there are millions of people to whom if you were to take away their religion, you could give nothing instead. To the hide-bound theologian, I endeavor to show the ugliness and absurdity of many of his dogmas, the fearful miseries and bloodshed that dogmatic religion brought about in the world, and I try to elucidate that religion and morals are not necessarily interdependent, i. e., that a man may be strictly religious and strictly immoral, and vice versa; that a man may be an atheist or an agnostic and have the highest perceptions of ethics and morality—and not only preach them, but practice them too. Which again renders me unpopular with both sides—the atheists and the theologians. And so I fear that my present paper will not meet with that warm reception which would probably be accorded it, if I attempted to prove that the State Journal is an unmitigated, unalloyed nuisance, that it has no right to exist and that it is bound to die soon anyway. No, I will not say that, because it would not be true. But I will endeavor to point out, impartially, the good and the bad sides of an official State Journal, and draw certain conclusions, or rather make certain prophecies concerning the official and the privately owned journal.

*Read before the American Medical Editors' Association, Boston, June 4, 1906.

Let us first consider the objections to an official State Journal.

The first objection is the one inherent in everything official. The management is apt to be, not in the hands most capable and most fitted for the work, but in the hands of those who happen at the time to belong to the machine. The editorship is apt to be relegated, not to the most cultured and most talented member, but to the one with the biggest pull. That this is not merely a theoretical possibility, but a very likely probability, is beautifully exemplified by a contemplation of the Official Journal of the Empire State of the Union. Up to three months ago—to be specific, up to March, 1906*—this Journal was an absuridty; an anomaly. There were no editorials worthy of the name, the articles were slapped together pell-mell fashion, there was no individuality in or behind the Journal; in fact, I am told that a young woman typewriter was running the whole thing. Of course the result was that the Journal was not considered seriously and nobody paid any attention to it, a large proportion of the journals remaining in their wrappers. If New York could afford (?) to have such a journal as its official organ, what can we expect from some of the smaller States?

The second weak point is the lack of responsibility, the lack of obligation to the readers.. As the Journal is a free gift to the members of the society, being thrown in with the membership as a sort of premium, the managers and editors of the Journals do not feel under any obligations to make any particular efforts, to exert their abilities to the utmost in order to give a really excellent journal. I am sure that very few of the editors of our State Journals burn any midnight oil.

The third weak point is of greater importance. I believe that the official journal is not calculated to furnish favorable soil for the growth and development of independent medical opinion, of independent and iconoclastic thought. The organ as a rule presenting the opinions of a clique or a dominant few, or of the to the powers that be, are not likely to get their contributions accepted, they are not likely to have their opinions given the same wide publicity that is enjoyed by the favorites. In short, the official journal is apt to form a kind of beaurocracy, and we all know how dissenters and revolutionists are treated by a beau- mediocre majority—the majority is always mediocre and commonplace, tho occasionally it may be enthused into doing a rational thing—those who for some reason or other are opposed rocracy.

The fourth weak point lies in the circumstance that a State Journal is supposed to print all the papers and discussions read at

*Since then the Journal has been under the Editorship of Dr. L. P. Warbasse and we have to deal with an entirly different publication. It is decidedly the best State Journal. We doff our hat to Dr. Warbasse.

the various meetings. We know what hash is frequently offered at those meetings, what inanities are frequently offered in lieu of discussions—and that stuff occupies pages and pages of our State Journals.

And so those are the weak points of the Official State Medical Journal.

What are its strong points? What advantage has it over the privately owned medical journal?

Its chief and very important advantage lies in its absolute financial independence. Independent of any financial considerations or business interests, it can work with an eye single to the interests of the medical profession and it can have its advertising pages absolutely clean, absolutely free from all fraudulent or even merely objectionable advertisements. Note what I say: it can work, it can have. I do not say: it is working, it is having. For unfortunately some of our State Journals still continue to carry very objectionable advertisements, some even going as far, or I should rather say as low as Antikamnia, and the eagerness and zeal with which most of our State Journals hunt and fight for advertising would do honor to the "most privately" owned, most commercial journal. . . . Having mentioned advertising, a few words on the subject may not be out place. It is in my opinion decidedly improper, unseemly and unfair for an official medical journal to send out advertising agents and engage in scrambles for advertising patronage. It is most decidedly, most emphatically, not the province of an official journal to make money. It is the province of an official journal to spread scientific knowledge, to give information about the happenings among the profession of the State, to fight quackery and charlatanery in and out of the profession, to look out for our interests in the legislature; and that is all. It may carry a few announcements of books, colleges, sanitariums, surgical appliances, etc., but I repeat it is not proper for a great medical society to publish its official journal on the money obtained from manufacturers, money usually obtained under pressure—the pressure being the prestige of the official journal and the good will of the profession of the State.

Now, what is going to be the upshot of all this? Is the Official Journal going to kill the private journal or is it going to be just the other way? Neither. I believe in the survival of the fittest (which, I might remark in parentheses, does not always mean the best). Five or six journals, with real editors behind them, will remain and grow prosperous and influential. The rest will die, i. e., will either entirely go out of existence or will continue to drag themselves without any justification, without any influence. They will simply be unburied corpses. You know that there are many journals that are dead, but they don't know it.

And how about the private journal? What is going to be-

come of it? I will tell you exactly, for I had that information given me by a farseeing prophet. And you may be sure the information is correct. Many, many private journals will go under, will disappear. And a good thing it will be. For no honest man will deny that many so-called medical journals are a libel on the name of journalism. I do not refer at present to the advertising pages. I have spoken of that feature many times before. I refer only to the reading pages. And I say that looking at the reading pages of many of our journals, I feel like blushing for American journalism. Edited by men devoid of any general culture, men ignorant even of the first principles of medicine, and very frequently incapable of writing a dozen sentences in correct English, tho American born; such journals have no right to live, and the sooner they die, the better. They are not published for the purpose of disseminating truth, they are not published because the editor has a message to give the world —they are published simply for the purpose of making money for the editor and publisher. I have always held that the publication of a journal, merely as a money making adventure, was an unjustifiable piece of business and should be frowned upon by the profession. A journal must have principles, ideas; the editor must be able to say, WHY his journal is in existence. Profit is a perfectly legitimate desideratum, but it must be a secondary consideration, and not the primary spring. To repeat: many journals will die—but only such journals as deserve to die. The rest, the *real* journals, will get a hustle on themselves; having to compete with the more advantageously situated Official Journal, they will be put on their mettle, and in order to stay in the field and keep their audience, they will have to get better and better and broader and broader, and their motto will have to be: Toujours en avant! And such journals will live and prosper! For a great part of the profession will still prefer the private journal, with a living, pulsating, vibrating individuality behind it, to the vague, impersonal, slightly beaurocratic and occasionally tyrannical Official Journal.

It will thus be seen that there is no cause for pessimism, and for dark forebodings. Some State Journals that have a real raison d'être will live and prosper, others, which simply sprang up mushroom like without any real demand, will die of inanition or will become "merged." Of the privately owned journals, many, unable to satisfy the demands of a more intelligent and more discriminating medical profession—and even the advertisers demand a higher standard—will go out of existence—unregretted, except by their owners. The other journals, possessing real stamina, will grow better and better and gain a stronger and stronger foothold. The result will be satisfactory all around: We will have fewer but better journals. A consummation devoutly to be wished for.

And let us hope that this association—The American Medical Editors' Association—will do its share towards the attainment of the goal—a better, higher, more honest and more useful journalism.

## LET US COME TOGETHER.

By J. M. French, M. D., Milford, Mass.

It is probably true that there is less need today, than ever before in the history of medicine, to dwell upon the need of physicians of all schools to come together, for now the coming together is nearer to being an accomplished fact than ever before. The American Medical Association opens its doors to all applicants, coming whence they may, asking only that they come. And—wonder of wonders!—here in Massachusetts where we have always had a little stiffer code than the rest of the world—right here in Boston, the very week after the phenomenal session of the American Medical Association, the Massachusetts Medical Society voted to admit Homeopathists to membership.

Yet the division still exists. The medical profession—and by this I mean the educated physicians, who are legally registered and properly qualified to practice medicine—if not still encamped, as of old, in three hostile divisions, is yet separated by a wall of partition into three differing groups. The top of the wall is coming off, here and there one ventures to jump from one side to the other, but it is standing still.

Once we called the fellows on the other side of the wall quacks. Today we are a little more considerate, and say this ugly word only under our breath, while aloud we simply speak of them as "irregulars." Of course we are the "regulars." It is with us as it was with the old Quaker, who said to his wife, "All the world is queer, Jane, but me and thee; and sometimes I think thee is a little queer, too."

Yet I have been unable to persuade myself that the practice of medicine is not carried on as successfully, and with as little approach to quackery, by my "irregular" neighbor on my left, as it is by some at least of my "regular" neighbors on my right.

Whatever Homeopathy may have been in the past it certainly is not now, as practiced by most of its professed followers, an exclusive system of medicine. As an illustration of this, some months ago, I met an educated and gentlemanly Homeopathic physician of Salem in his own office, on business which did not pertain to therapeutics. In conversation, he spoke casually of having had an attack of chills and fever, and of curing it with 20-grain doses of quinine.

"But, doctor," I interrupted, "that isn't homeopathic, is it?" "Yes, sir," was his prompt and positive reply, "that is Homeopathy as I practice it. I give medicine to get the effect." And

so far as I can learn, that is what most Homeopathists are doing. The man who will admit that he confines his practice to the law of "similia" is a rarity. In general education they are our equals. In surgery, they are hardly inferior. While in hygiene, preventive medicine, and elegant pharmacy, we can find much to imitate with advantage.

As for the Eclectics, it seems to me that they are entitled to great credit for the work which they have done in developing the indigenous vegetable materia medica, and what is of even more importance, for the system of direct or specific medication, which Professor Thomas, in his recent work on the Eclectic Practice of Medicine, tells us is the sole distinguishing characteristic of modern Eclecticism. Full credit is given to them by such men as George M. Gould, C. A. L. Reed, and others prominent in our own school. It is hardly too much to say that the modern Eclectics are among our best therapeutists. Indeed it is only among the Eclectics and the alkaloidists that one can feel safe from the blight of therapeutic do-nothing-ism.

Why, then, should we not come together? The followers of the alkaloidal methods of practice have never been read out of the ranks, and now the profession is pretty well permeated with the alkaloidal doctrines and methods. Why should not the Homeopathist and the Eclectic have the same chance for free discussion and full fraternity? What is the use of our having any longer a divided profession? Let us come together.

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## THE VALUE OF DRUGS IN THERAPEUTICS*

By Frederick C. Shattuck, M. D., Boston
Professor of Clinical Medicine in Harvard University

I do not believe that King David meant to be taken in absolute seriousness when he classed all men alike as liars; nor do I believe that Dr. Holmes, had it come to the point, would have cast every drug into the deep. [So he is generally quoted. But he expressly excepts opium, a few specifics, wine and ether.—Ed. Boston Medical and Surgical Journal.] Ten righteous men would have saved Sodom, than which the Pharmacopœia is less sinful in that most of its inhabitants are negative characters like Kipling's Tomlinson—neither fit for heaven nor ripe for hell. Even if the Pharmacopœia were as bad as Sodom it would be easily saved by a score or more agents which the world could ill spare. Moreover, who can foretell what chemistry is still to do for us?

Dr. Holmes' statement was made at a time when the only drugs in use were those pretty directly derived from the mineral or vegetable kingdoms. The rising sun of science had scarcely reached the valley of therapeutics, tho the keen vision of Jacob Bigelow penetrated deep enough into the gloom to see that many diseases are self-limited, and curable rather thru than

* [illegible] Medical Society.— Boston Med. and Surg. [illegible]

which is in the patient than what we put into him. To-day new compounds are made and tested, compounds which, as far as we know, never existed before. The vast majority of them are of little or no value as remedies for disease, but some useful synthetic compounds have been discovered, and more will be discovered. Who can count the number of cases of typhoid which have originated thru the urine of a previous patient? This is a danger against which urotropin, rightly used, seems to afford absolute protection. For the past eight years my typhoid patients have all had 7 to 10 gr. of of urotropin thrice daily, two successive days of each week, until convalescence was complete. In no case has harm resulted. Were the practice universal there would be less typhoid, the prevalence of which among us is a reproach to our civilization.

Bigelow and Holmes were among the early protestants against the irrational and indiscriminate therapy which had ruled the medical world since the time of Galen. Here and there a Sydenham had risen above authority but was ahead of his time. To-day, thanks to a scientific spirit and saner methods, we believe food, sleep, and fresh air to be the trinity of health, and that if we can regulate the lives of our patients we can largely dispense with drugs. It is true that we have a few specifics, as quinine for malarial fever, and, to a less degree, for amebic dysentery. We also have mercury and the iodides for syphilis. The salicyl compounds, great as their control is over the articular manifestations and fever of what we call rheumatism, can scarcely be classed among the specifics until the evidence is clearer than it seems at present that they prevent or control the heart involvement, so much more serious in its effects than the joint inflammation. Our knowledge of these agents, as of most of the other useful drugs to which I shall allude, is purely empirical. Diphtheria antitoxin and thyroid extract are not, properly speaking, drugs, tho they are remedial agents of the first importance, and there is sharp contrast between their birth and that of quinine or mercury.

It may be broadly stated that drugs are in the main adjuvants only; that such beneficial effects as belong to them lie in their power to alleviate some untoward symptom like indigestion, insomnia, pain, which retards or prevents recovery. This is eminently true of those acute and chronic general infections, for which we have, as yet, no antidote, such as typhoid, pneumonia, the exanthemata, and tuberculosis. In these the action of drugs at present known can be only indirect. All that we can do now is to put the patient under the most favorable conditions possible in order that we may help him to manufacture his own antidote. Many a case, of acute infection especially, goes thru our hands without getting any drug at all. If we use a drug it is purely symptomatically.

Take again diseases which, in our present ignorance, are incurable. Among these I shall speak only of cancer and pernicious anemia. In certain forms and in certain stages of cancer surgery may be curative. Drugs, opium especially, may here judiciously used, promote comfort( no mean boon) and prolong life. That is all drugs can do. In pernicious anemia experience teaches me that the down follows the up wave sooner or later, neither wave nor interval being capable of influence for good thru drugs, unless possibly to a slight degree by arsenic. Injudicious medication may do the patient harm. The fundamental good which judicious medication can do is problematic.

Again, there are maladies more or less local in their character in the successful treatment of many cases of which drugs may be practically indispensable. Myocardial disease furnishes a good illustration. I feel as sure as I can of almost anything in medicine that there are cases where hygiene and every other therapeutic agent fails without digitalis. Twice in the past two years I have sent back to Nova Scotia a live and greatly improved cardiac patient whose doctor and friends expected him to return in a coffin. The determining factor was a fairly bold use of an efficient preparation of digitalis, a drug the occasional or continuous use of which may enable a person to lead a relatively active and useful life, perhaps for years. It may be regarded as practically curative, and when well dispensed we could ill dispense with it.

There are, furthermore, a number of minor ills which a skilled practitioner can so modify by drugs (which will often be taken whilse wise general advice would be left unheeded) as to increase the efficiency of life and the joy of living. An illustration which comes readily to mind is what was called biliousness, now more generally known as auto-intoxication, and the effect upon it of an efficient purge. Calomel is a favorite nowadays. It is interesting to recall that the indiscriminate and excessive use of calomel and blue mass in former times led to their practical abandonment. Calomel was used irrationally. It is now used rationally in the main.

In gastric indigestion our chief reliance must be on diet and mode of life. They alone will usually right the mischief. But time can often be saved and an irritable be converted into a complacent member of the household more quickly by an acid, an alkali, bismuth, or some other well selected drug or combination of drugs. The bromides seem clearly to allay reflex excitability, and often thus are of use in dyspepsia, palpitation of the heart, and genital disturbance, in so far as these are due mainly to faulty innervation based upon nothing worse than what we call functional disorder.

The temporary or occasional use of a bromide or of one of the other more modern hypnotics can greatly help nature by

securing sleep; but we must never forget the danger of the use, or too constant use, of these remedies. Each new hypnotic which comes out is at first called harmless; but we have all seen addiction to chloral, paraldehyde, amylene hydrate, sulfonal, and trional. Veronal has scarcely had time to show its hand. Prophecy is dangerous, but I do not believe that a drug will ever be found which will cause a really natural sleep and can thus be used day after day indefinitely with safety.

[I fully agree with Dr. Shattuck on this point. During a discussion following the reading of a paper by Dr. A. R. Diefendorf on Hypnotic Remedies in Mental Disease (meeting American Medical Association, 1904), I said: "In my opinion, there is no such thing, and probably never will be such a thing as an absolutely safe hypnotic. There can not be in the nature of things; sleep is too complicated a process. It is improbable that anyone will ever discover a hypnotic agent that will be entirely free from deleterious effects."—W. J. R.]

Some of the modern coal-tar antineuralgics when rightly used are potent for good; but unless their sale as headache powders and bracers over every drug counter and in every barroom can be stopped I think, on the whole, the world would be better without them. They are not as innocent as they are believed to be, and in so far are more dangerous than opium, care in the use of which is generally recognized as desirable. I have by no means exhausted the list of drugs which I believe in themselves to be really active and thus capable of rendering good service to diseased and ailing humanity; but I think I have said enough for my purpose, which is to sketch rather than to attempt a finished picture, however small.

Therapeutic truth lies at the bottom of a very deep well, deeper than the medicine and food manufacturers who leave us samples realize themselves, or would like to have us realize. It is very easy for us to connect sequent events as cause and effect, tho they may stand in no such relation to one another. Let us be on our guard, not only against our own credulity (and we are all infected more or less, either generally or locally, constantly or occasionally), but also against that of our patients. The power of suggestion may, nay, so very often does, play the leading part, whether we recognize the fact or not. When the good clergyman in the midst of his sermon said, "My friends, it is not so much the well from which we draw the water as it is the spirit with which we take it that counts," some of his congregation were amused. We may not altogether blame that levity, however firmly convinced we are of the truth of the statement. The same remedy in the same case at practically the same time may be of great service in the hands of one practitioner and fail utterly in the hands of another. To how many cases in which benefit has been and is attributed to drugs, do the words of

Christ to the menorrhagic woman apply, "Thy faith hath made thee whole?" Mind cure, faith cure, and Christian Science are simply new manifestations of the old, old human nature which is intolerant of the slow evolution of accurate knowledge, which must cling to something, and which thinks if it has a new name it has a new thing. As drugs in general have lost the pre-eminence in the treatment of disease which they once enjoyed, and as faith in old religious dogma has weakened, disease and the demand for its cure persisting all the time, faith, which also persists, seeks new channels. This need not disturb us at all, nor should it lead us to slacken our constant effort to think straight. Let us use suggestion as far as is necessary to subserve the best interests of our patients; but let us strive without ceasing to separate in our own minds mere suggestion from actual drug action. Few are capable of either imparting or receiving suggestion strong enough to prevent a hypodermic of apomorphine from producing active emesis, or zinc sulphate given by the mouth for that matter. But we have all seen cases in which the patient was relieved by a hypodermic of plain water which he—or she—believed to contain morphine.

I well remember, when interne at the Massachusetts General Hospital a third of a century ago a liniment introduced by a member of the staff who was of a skeptical turn of mind. It was a solution of common salt in water colored with some ink which had been bought by the hospital and which proved of poor quality for writing purposes. It was called linimentum salis, and more than one patient who had used it in the hospital came back for it after discharge, having found it useful and being unable to get it in any drug store. Rubbing is as useful as it ever was. To-day we call it massage. Some call it osteopathy. The element of suggestion enters more or less, I suppose, into the action of most applications to the seat of pain or disease.

[Why, common salt does make an excellent counterirritant. There was no "suggestion" in that.—W. J. R.]

It seems to me that the leading therapeutic principles can be stated somewhat as follows:

First. Do no harm. This principle seems to be well met by the homeopathist who uses the infinitesimal dose. He does no harm save in so far as he may miss doing good.

Second. Try to see as clearly as possible just why you give a drug, your purposes in giving it, whether as a specific, curative, palliative, or as a placebo.

Third. As far as you can, give a drug uncombined. This is a general rule subject to many exceptions. Rules, however, are made to break. They are our servants, tho we too often allow them to be our masters. But in breaking rules we must use our brains, an exercise which most of us avoid as far as we can.

Fourth. In using an efficient drug be as sure as you can of a good preparation, and then give it until something happens —either the desired effect or evidence appears that the limit of tolerance has been reached, what is called the physiological, but what I should prefer to call the toxic effect. Disregard of this law is, I believe, responsible for many therapeutic failures. Allow me to mention two remedies in this connection: Nitroglycerin is not to be thrown aside as useless until its dose has been pushed to the point of headache or flushing of the face without relief. In syphilis of the nervous system I share the belief of those whose experience in that line has been far greater than mine, that the dose of potassium iodide should be rapidly pushed, even once in a while, to 3 ounces a day. It is rarely necessary to go as high as this, but 1 to 4 drams three times a day are not infrequently needed, unless I am more credulous than I think I am.

Scientific medicine is open to the danger of going to the extreme of therapeutic nihilism, of disregarding the individual, of forgetting that, while our knowledge is imperfect and the big thing is to find out the true nature and cause of disease, the present day sufferer demands and has a right to demand all the aid that our knowledge, imperfect as it is, permits.

## INTESTINAL ANTISEPSIS IN FEVERS.

William F. Waugh, A. M., M. D., Chicago, Ill.
Emeritus Professor of Practice, Illinois Medical College

My first proposition will be one which, unfortunately, no one will question—that in all infectious maladies the course and severity of the disease is unfavorably influenced by bad hygienic surroundings of the patient. I say 'unfortunately,' for we are so constituted that the knowledge that comes to us without effort is not assimilated by us so as to become an integral part of our lives. What we acquire with painful labor is ours, is part and parcel of ourselves. The truths of hygiene are so easily admitted that they are forgotten in the practice.

The influence of filth in house, cellar, yard, gutter or any part of the patient's surroundings is manifested by severity in the symptoms; if conditions are very bad by malignancy. The most dangerous ingredient of this environing dirt is by all odds excreta. But why is it that the infinitesimal emanations thus taken into the patient's system exert so disastrous an influence, while he carries within his alimentary canal large quantities pounds sometimes—of this very material with impunity? We question the impunity. Even in health this matter can not but exert a deleterious effect upon his health and well being. That it does not do more harm is perhaps due to the effect exerted upon it by the digestive secretions, especially the acid gastric juice; still more to the fact that the osmotic current is in health an exosmo-

*Read before the Colorado Medical Society, April 7th, at Pueblo, Col.

sis, from the blood toward the alimentary canal, and the liver is constantly intercepting the toxins absorbed and turning them back for excretion.

Countless micro-organisms of known and unknown natures swarm in the bowel, the fecal mass being made up in large proportion of them, of which billions are ejected with every stool. During health these are kept in tolerable order and are, generally speaking, of benignant types.

When the temperature of the body is raised by fever, of any type, infective or otherwise, the conditions change. The digestive secretions are to a large extent, or even wholly suspended; bacterial growth and decomposition processes are stimulated; and under the influences of increased heat, abundance of decomposable nitrogenous material and the absence of restraint, some of the micro-organisms develop malignancy. The formation of toxins is vastly increased. But the most important element is one never mentioned in the text-books, the reversal of osmosis. The increased exhalation of water from the skin, and imbibition of fluids induced by the fever thirst, causes an endosmosis from the bowels into the blood, carrying with it the toxins generated in this alimentary canal, whose contents are within and yet not within the body, since they form no part of the body and are not reached or controlled by the circulation.

Hence we advance the maxim, that in every febrile disease, specific or otherwise, there is necessarily intestinal decomposition, toxin formation and absorption, and toxemia; and that to this cause is due directly a certain proportion of the symptom total of the attack. My estimate is that about one-third of the fever and other symptoms may be credited to this cause, since about this proportion of the sickness subsides when the bowels have been thoroly cleaned out and disinfected. We constantly find that one degree or more of the fever disappears; the aching of the bones and muscles, restlessness, nocturnal delirium, headache, insomnia, and debility, as well as the strictly abdominal symptoms, such as diarrhea, pain and tympanites are relieved to a much greater degree. The effect on prognosis may be inferred—with such relief afforded by a single remedial measure it must be a poor sort of a doctor who cannot manage the remainder successfully.

The above considerations apply to all fevers equally, and not specially to those that, like typhoid, present special abdominal conditions. In the latter we have also to consider the presence of inflammation of Peyer's patches, later ulcerations. One of the most incomprehensible statements of Osler is that wherein he speaks of constipation in this malady as rather desirable than otherwise. Surely, when we take into account the deadly infectious nature of a typhoid stool, we would not suggest it as a fit dressing for an ulcer on the surface of the body—why, then,

should it be considered harmless or desirable when in contact with ulcers in the intestine? We may believe a priori that here as elsewhere cleanliness and asepsis are desirable, and to be secured as closely as possible if this can be done without injury to the patient.

Here our argument reaches the clinical practician, who must tell us if we can secure intestinal asepsis, and how, and if this can be done with safety. Also whether the results are as we anticipate.

The testimony as to the efficiency of the method began to come to us before we had formed the conception of the situation above outlined. A physician wrote to me that he was getting excellent results from the treatment of pneumonia by the sulphocarbolate of zinc. I replied that he must be mistaken, as this salt was simply an intestinal antiseptic, and could exert no influence beyond that tract. He then stated his case—he had been losing cases until he adopted this treatment, but had lost none since; the disease had not changed its type, since the neighboring physicians who continued the old treatment continued to lose their cases; and he concluded by remarking that so long as the method gave such satisfactory results he would continue to employ it, and await with equanimity my discovery of the reasons for its success. This brought to my recollection the admitted fact that pneumonias were especially fatal when gastrointestinal complications were prominent, and the theory here presented was evolved. It is a deduction from clinical observations, and is, I believe, thoroly in accord with the accepted theories and beliefs liefs in bacteriology.

At first the results obtained from zinc sulphocarbolate were simply attributed to the fact that they "killed the bacilli" in the alimentary canal. But Koch tried this salt on anthrax spores and found that they survived the application of a 5 per cent. solution! This disproved the theory of its action, but not the fact of action. It became evident that the matter was more complex than at first thought, and that we must learn a lot more about the biology of the micro-organisms before we could give a true explanation of the action of such remedies. As yet this study has not been concluded, but we can see that there are several ways by which the effect of the zinc may be explained. It may prevent the reproduction of the micro-organisms, may interfere with their production of toxins, or with the absorption of the latter, or it may act chemically on them, or the effect may be altogether on the accessory organisms that become virulent during fevers and act as allies to the original propagators of the malady. Many explanations may be suggested—the important point is that the disproof of the microbicide action does not justify the conclusion that no useful action is possible. We are all prone to jump at conclusions not justified by our premises.

The progress of bacteriology has answered another objection raised against this method—that it is impossible to render the alimentary canal aseptic. When Lister first devised his antiseptic methods, he endeavored to secure perfect antisepsis. The ideal proved impossible, and of the complicated methods of this great surgeon scarcely anything remains now in use. We know now that only an approximation to his ideal of perfect asepsis is within our reach; but on this approximation is built the practice of modern surgery with its glorious triumphs. Even if the skin could be made absolutely aseptic, it would not remain so for the fraction of a second. Nevertheless modern bacteriology has taught us that, in all infectious processes, one element of malignancy is found in the number of the invading micro-organisms; the greater the number, the more serious being the processes to which they give rise. We therefore seek to accomplish exactly what the surgeon does—to limit the number of micro-organisms as closely as possible, by sweeping them out of the alimentary canal and disinfecting it to the best of our ability. Here again we appeal to clinical observation, for whether our argument be pro or con, the correctness of our reasoning must be judged by the results of the trial, and these, as we have shown, are amply satisfactory.

In the choice of antiseptics my preference is for the sulphocarbolates, following a complete emptying of the alimentary canal by repeated doses of calomel, salines and colonic flushing. It may be that my preference for the sulphocarbolates is partly due to that predilection which one is apt to form for the first agents of which he makes trial. I have most assuredly no claim for my own exemption from the foibles and weaknesses of men; but so far as I am able to judge dispassionately and without conscious prejudice, I have found the sulphocarbolates better suited for intestinal antiseptics than any other drugs of which I have made trial. They are perfectly safe, never causing hemolysis or hematinuria. In efficiency they are second to none. They are very cheap, and their production and sale is not controlled by any monopoly. When taken in hot water solution, there is too little taste to constitute a serious objection; and when chemically pure (and they should never be given excepting thus), they are far more apt to settle an irritated stomach than to themselves cause irritation. Finally, there are no toxic effects to be apprehended from over-dosage. For these reasons, and especially for the superior effects from them, I prefer the sulphocarbolates as intestinal antiseptics.

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He who makes a journey to the home of Truth, must drop many sweet illusions on the way.

To be Popular, it is necessary to worship at the shrine of Platitude. V. Robinson.

## HAPPINESS AND MORALITY: OR WHAT IS THE OBJECT OF LIFE?

By William Meyer M. D., West Hoboken N. J.

Dear Dr. Robinson: On page 152 of the May issue of the CRITIC AND GUIDE you "happen into my field" when you say: "I believe that happiness is the only good." We are at variance in that one sentence only, and I shall expose my view to you.

There was a time when man's morality was explained from his desire for happiness. Certainly morals cannot be identified with our desire for happiness, altho it is true that immorality always causes much misfortune, and will, as a rule, lead to unhappiness. Morals are preached in order to counteract the dangers of our desire for happiness. The high road of virtue does not appear at all pleasurable nor does it promise ever to become so, while the by-paths of vice are extremely pleasant to look upon, and many of them will continue to be so for a long time, perhaps ever.

Happiness is like a shadow: if pursued it will flee from us; but if a man does not trouble himself about it and strictly attends to his duties, pleasures of the best and noblest kind will crop out everywhere in his path. If you do not anxiously pursue it, happiness will follow you.

Happiness in itself, the quickened pulse of joy, the gladness of heart and the laughter of our lips is a shallow and empty thing; it has no value, and the man who attended to his duty for the mere pleasure of having the consciousness that he has done his duty, would find his reward poor. He must attend to his duty for the sake of duty, and he will realize that it is not happiness itself that blesses us, but the object which causes our happiness; it is not the joyous thrill as such, but the ideas, the hopes, the aspirations that joyfully thrill thru the fibres of our mental existence.

The tragedy is the solution of the problem of evil. The questions, what do we live for? What do we struggle and suffer for? are answered in a tragedy. We do not live for the pursuit of our happiness only, but for the struggle after and the realization of our ideals.

Thus the law of evolution and life is disclosed. In growing we must ultimately encounter the catastrophe and endure the hour of trial. It cannot be evaded by any one who has arrived at maturity. Our mental development starts from optimism, and, passing thru the inevitable crisis of pessimism, it reaches the manliness of meliorism, which extends our life beyond the narrow limits of our Ego.

Man's life is a constant struggle for progress, a strife for the ideal and an advance to loftier heights on the infinite path of great possibilities. This idea is the keynote which vibrates

thru the highest works of art and which thrills thru the universe as the law of cosmic evolution.

The pseudo-ethics of hedonism starts from the wrong idea that man lives solely for being or becoming happy. If this were thru Schopenhauer would be right in saying that life is a failure and that existence is not desirable because a life without trouble and pain, a victory without battle, a conquest without wounds and anxiety, are impossible. Ethics is at variance with man's craving for happiness, or there would be no ethics.

The increase or refinement of happiness is not the ultimate aim of ethics, for pain and affliction increase at the same rate, because man's susceptibility to pain grows with the growth of his intellectuality.

The pain of a civilized man is greater than that of a savage, and it is a fact that people of a lower degree of culture are as a rule merrier than the more educated classes. Look at the glad and hearty happiness of the negro, who is so easily satisfied.

If all the advancement of our civilization had no other object than to produce a greater amount of happiness, the anthropoids would have better remained in the forests and have lived upon the tropical trees, subsisting on their fruit. They would thereby have better attained this end. Therefore I maintain that the elevation of all human emotions, whether they are painful or happy, the elevation of man's whole existence, of his actions and aspirations is the constant aim of ethics.

Optimistic morality is essentially an ennobled and elevated egotism. Pessimistic morality, being destruction of egotism, leads to a negation of world and life. Its chief merit is that it favors the rise of altruism. Melioristic morality considers the individual as a representation of all-existence, and this gives a purpose to the life, the work, and the aspirations of the individual beyond the sphere of its transient selfhood.

Happiness is a fraction, the denominator of which consists of our wants and desires, the numerator, of their satisfaction; yet it remains a fraction. The denominator is always greater, for as the satisfactions habitually increase, they are accepted as a matter of course; we at once increase the denominator then.

Duty requires us to aspire forward on the wall of progress. But while our pains are constantly lessened and our various wants are more and more gratified, the average happiness does not increase. It rather decreases. The child is, as a rule, happier than the man, and a man of little culture is jollier than the sage.

The fool is happy in his foolishness.

P. S.—Nothing in America equals the CRITIC AND GUIDE, and may the editor live until his ideals have become realities.

ANSWER. Dr. Meyer's entire argument is based upon a misconception of the sense in which I employ the term happiness. Dr. Meyer is correct in his statements if he takes the word hap-

piness in its vulgar meaning, understanding by it the ordinary animal pleasures, the smirking self-satisfaction of the fellow with a fat brain, a fat stomach and a fat pocketbook. But that is not my meaning. By happiness I understand the satisfaction derived from the fullest development of the physical, spiritual and intellectual powers. A healthy body, a healthy, well developed brain, a kind heart, a fine perception of right and justice, absolute financial and intellectual independence—those are the elements of happiness. And it is such happiness that I consider the only good. (The theory that man or woman is born to suffering, I consider damnable). And to increase in every possible manner the kind of happiness that I have just referred to, is our duty, our only duty.—Editor.

## WET-NURSING OF FOUNDLINGS, A PERNICIOUS PRACTICE.

By W. T. Watson, M. D. Baltimore

(Original abstract of paper read before the Section of Pediatrics of the American Medical Association at Boston, June 5-8 1906.)

Dr. Watson prefaced his address by saying he did not wish to attack the Board of Charities of Baltimore, which introduced this system there in good faith, believing it would save many lives and not knowing the risk to the wet-nurses involved. But the following terrible accident has shown that the system is dangerous and pernicious and must be condemned. A foundling only a few weeks old and known to be the child of a prostitute, was given out to a Mrs. M., a poor but honest woman. She was the wife of a mechanic, and had a nine-year-old daughter. Mrs. M. was offered the sum of forty cents a day for nursing the infant. She was not warned at all of the danger of the infant being syphilitic and communicating the disease to herself and her family.

Some weeks later the child developed the snuffles, then a fissure of the mouth, and finally a papular rash over the buttocks which was undoubtedly syphilitic. Mrs. M. was of course infected, a chancre developing on her nipple. Her daughter also became infected from kissing the baby, a chancre appearing upon the lip. When the poor woman realized the true nature of the disease afflicting her she was nearly overcome with shame and grief, mixed with fear lest her husband should also get the loathsome contagion. She feels obliged to avoid all contact with her husband and friends for years, never takes a drink of water away from home, and takes the greatest care at home to use separate dishes, towels, etc., to avoid infecting her husband. In return for such grave injuries the Baltimore Board of Charities is unable to give any satisfaction whatever; and there is apparently no law by which the city can be compelled to pay damages. It was only with great difficulty that Dr. Watson succeeded in getting the Board of Charities to admit that Mrs. M. was infected in this way. He found that similar cases of infection by wet-nursing

had occurred at Foundling Asylums in New York and elsewhere. Each of the following New York institutions *admits* the infection of one wet nurse with syphilis within the past five years. The New York Foundling Asylum, the New York Infant Asylum, the New York Guild of the Infant Saviour, and the State Charities Aid Association. Some of these women have doubtless infected their husbands and have given birth to syphilitic children.

The only claim made for wet nursing by its advocates is that it saves a great many infants which would otherwise die. Let us see how many infants have actually been saved in this way in Baltimore. Out of eighteen foundlings wet nursed only five were saved, or 28 per cent. And this at the terrible cost of syphilizing an innocent woman and her child. In Baltimore one woman was syphilized in each two and one-half babies raised to the ages of one to five and half years.

There is no reasonable doubt that if a woman were told of the real danger she ran of getting syphilis, and also the serious nature of the disease to herself and all her family, in wet nursing an infant of unknown parentage, she could not be induced to take such a risk for any sum whatever. Mrs. M. declared that if she had even suspected any such danger she would not have considered the offer a moment. In short, wet nurses can be procured for foundlings only by deceiving them as to the risk they are taking. It is claimed that a wet nurse can be protected from this danger by frequent medical inspections of the infant and its removal as soon as it shows the signs of syphilis. This is a capital mistake. For a syphilitic infant is contagious from birth, but does not develop the signs until it is from two to four months old. Hence when the medical inspector detects syphilis in an infant and removes it from the wet nurse it does just as much good as to bolt the stable door after the horse is stolen. The woman has already been infected. The other safeguard advocated is the use of artificial nipples. It might prolong the time of infection, but must be condemned as giving no true safety but rather a most dangerous false sense of safety, by means of which ignorant women might be induced to take unjustifiable risks.

To sum up, the whole system of wet nursing of foundlings must be absolutely condemned, for it takes necessarily an unjust and inhuman advantage of the poverty and ignorance of poor women. It rests on an unjust class distinction, which may be supported in Europe, but cannot be in the United States. I appeal to my members of the American Medical Association: If any man should knowingly expose your wife and family to the danger of acquiring syphilis, you would consider a bullet none too good for him; but this is just what is done when a foundling of unknown parentage is given without warning to an innocent woman to nurse.

Fortunately the wet nursing of foundlings has not gained much of a foothold in America; and if all the intelligent and humane physicians unite in condemning it, the pernicious practice can be stamped out. In closing I wish to say that Dr. Prince A. Morrow, who is leading the new crusade against the venereal peril, tells me that I cannot be too strong in my condemnation of the wet nursing of foundlings.

[In the British Medical Journal for June 23rd, Jonathan Hutchinson refers to the fact that a physician recently had to pay a considerable sum to a wet nurse, whom he inadvertently permitted to suckle an infant suffering from syphilis, which was believed to have been inherited. We have also recently read of a community which was compelled to pay damages to a woman infected in a similar manner. We believe that if the poor woman referred to in this article had sued for damages, the court would have awarded them to her.—Editor Critic & Guide.]

## THERAPEUTIC NOTES.

### The Probilin Treatment of Gallstones.

In May, 1904, Dr. W. Bauermeister published (*Therap. Monatshefte*) his results from the treatment of gall-stone disease with probilin, a pill composed of acid sodium oleate, salicylic acid, menthol and phenolphthalein. Salicylic acid is an acknowledged cholagogue and biliary disinfectant; acid sodium oleate is also a recognized cholagogue; menthol is an analeptic and carminative; and phenolphthalein stimulates intestinal activity. Since then, he writes, he has seen probilin give brilliant results in the severest attacks of cholelithiasis. But he bases his conclusions of its efficacy only upon cases that he treated two years ago or longer. To eighty such patients mostly dating from 1902 and 1903 he sent letters of inquiry, so as to get their own opinions. The following questions were put: Have you been cured? If so, by what? Or do you feel much or only a little improved? Or have you noted no effect whatever?

Four patients disapproved of probilin. Seventeen patients replied that they were improved or greatly improved and consider their present condition fairly good or very good. Twenty-one patients stated explicitly that they were cured; that is, that since the first probilin course—in many cases taken three years before—there has been no sign of the disease. Some of these cases were light, but many of them were severe, and for not a few the operating table was already waiting.

Thus four patients were not influenced, seventeen were improved, and twenty-one were entirely cured. Similar results have been reported by other physicians. Stones are voided under probilin with a frequency entirely unknown under other medication; colic during the passages is usually light and may be absent, tho sometimes it is marked.—(*Therap. Monatshefte*, March, 1906.)

**Anusol in Hemorrhoids**

The methods of treatment that have been suggested are numerous and more or less effective. But the following gives pronounced success in practically every case. Twice daily and after every defecation the rectum is washed out with a quart of normal salt solution. Morning and night, after the solution has been expelled and the external parts dried, an anusol suppository is gently inserted. These suppositories, composed of an iodo-resorcin-sulphonate of bismuth, are the most effective means yet evolved for allaying hemorrhoidal pain and distress. The inflammatory process is immediately controlled, the pain of defecation is entirely removed, and the tenesmus and soreness rapidly disappear. If their use is persisted in and careful attention is paid to diet and the avoidance of constipation, a considerable majority of cases will be permanently cured without surgical intervention. The hemorrhoidal tumors grow smaller until they disappear and the tonic effect on the mucosa and vascular structures prevents a recurrence of the varicosities.—*Edit. Intern. Jour. Surgery*, June, 1906.

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**Nephritin.**

Dr. J. B.—We cannot yet pronounce any definite opinion on this product, but we are convinced that it deserves a thoro trial. It is a perfectly ethical product.

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**Digalen.**

Dr. L. v. Kétly, University docent and adjunct at the Clinic of Budapest has a long article in the Therap. Monatshefte for June on the Therapeutic value of digalen. The pharmacology of digitalis is reviewed, six cases are reported in great detail (the digalen was used in the clinic in over 40 cases) and the author concludes by saying that digalen is now the best preparation of digitalis and is destined to completely displace all galenical preparations of the latter.

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**Adrenalin Chloride in Hay Frever.**

In the treatment of hay-fever with Adrenalin Chloride it has been suggested that weak solutions, frequently applied, are apt to yield better results than the occasional application of a strong solution. One of the pathologic features of this peculiar malady is a turgescense of the turbinal tissues due to excessive dilatation of the capillaries. That this is the result of a neurosis involving a more or less pronounced local vasomotor paralysis is pretty generally conceded. Overstimulation, by reaction, is very sure to result in a complete paralysis of the vasomotor supply in the region affected. On the other hand, gentle stimulation with weak solutions is not so likely to be followed by a reaction.

# Letters to the Editor.

June 13, 1906.

Dear Doctor: Enclosed find one dollar for the CRITIC AND GUIDE as per "ad" enclosed. I am pleased with your policy as outlined in your little magazine and trust you will keep up the good fight. I am certainly in accord with your views as regards the limiting of offspring and cannot see any reason why the poor man and the poorer woman should be burdened with a large family that cannot be clothed, cared for or educated as human beings should be; but the great thing that confronts us is the manner by which conception can be harmlessly prevented. There are so many of our good husky mothers and dutiful wives that conceive upon sight of their husbands' photograph that it becomes a matter of grave importance to them, and I have been opportuned many times for a remedy and have had nothing sure to offer them that was agreeable to both parties.

Yours truly, W. D. JONES, M.D., Devil's Lake, N. D.

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Dear Doctor:—Just received May copy of your journal. I thought myself up-to-date, but I had never seen a copy of it before. I enclose $1.00. I want your journal if this sample is a fair specimen. I can ill afford to spend dollars—they come in slowly and go out uickly—but your journal "catches" me. E. H. Winkler, M. D., DeWitt, Ark.

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Dear Doctor:—There are perhaps less than half a dozen journals that an up to-date-physician cannot afford to be without, and the Critic & Guide is certainly one of them. Enclosed please find $1.00. Looking forward with pleasure to receiving your journal, I remain, yours very truly, Wm. Teepell, M. D., McMurray, Wash.

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Dear Doctor:—Have just received May copy of Critic & Guide, and believe I have had a dollar's worth already. Enclosed please find M. O. I will feel that I am getting something for nothing every month hereafter. Wishing you success, I am, yours very truly, P. B. Kionka, M. D., 54 16th ave., Melrose Park, Ill.

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Dear Doctor:—Enclosed please find my subscription. I can't find words to tell you how I value the May number of the Critic & Guide. Doctor Robinson, you are my ideal of a medical editor. Sincerely your, D. B. Ford, M. D. Ashland, Kans.

Dear Doctor:—The May copy of the Critic & Guide is before me—the first number I ever saw. I like a real live thing. Your journal endorses my sentiments. I admire courage. Your efforts to expose fraud wherever found is a step in the right direction. Enclosed please find One Dollar. Fraternally yours, Geo. C. Blaisdell, M. D., Contoocook, N. H.

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Dear Doctor:—May sample copy just received and carefully read. I am so well pleased with your and your contributors' fearless discussion of subjects that heretofore have been practically ignored or kept covered thru false modesty, that I enclose M. O. for $1.00. Dr. W. W. Culpepper, Mt. Lebanon, La.

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Dear Doctor:—The Critic & Guide is indeed a rare journal. I am making every effort to induce my medical friends to subscribe for it. My wife, my lay friends, all read it. I hope that it will soon visit every physician in this country. Goodness knows how much the American doctors are in need of such literature. I should also like to see it a weekly instead of a monthly. M. V. Leof, M. D., 495 N. 4th st., Philadelphia, Pa.

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Dear Doctor:—Enclosed please find my subscription. Keep up the good work. You will be upheld by all right thinking people. The curse of to-day is fraud, adulteration and dishonesty. W. Irving Goewey, M. D., 225 Hamilton st., Albany, N. Y.

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Dear Doctor:—Give it to them right and left. Yours is the best journal I have ever read yet. Enclosed please find $1.00. Fraternally yours, W. H. Seip, Bath, Pa.

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Dear Doctor:—Sample copy of the Critic & Guide received and I am very much impressed with it. Enclosed please find check. J. H. Frey, M. D., Cheap Hill, Tenn.

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Dear Doctor:—May number of Critic & Guide received and enclosed please find check. At a glance I feel an interest and want to become better acquainted as it certainly is a master-stroke in the right direction. Success will certainly be yours. Geo. E. Nickel, M. D., Bell Vernon, Pa.

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Dear Doctor Robinson:—Enclosed please find my subscription. The Critic & Guide is the most interesting medical journal I ever read. Arthur A. Chase, M. D., Plainfield, Conn.

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Dear Sir:—Enclosed please find check for $2.00 for two years' subscription to your most excellent journal. You have started the ball a-rolling; keep it a-going till all the frauds are exposed.—L. W. Wheat, Lawrenceburg, Ky.

Dear Doctor:—Sample copy of the Critic & Guide received and I was very favorably impressed with it. Enclosed find my subscription. Dr. B. C. Robinson, Rensselaer, Ind.

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Dear Doctor:—Enclosed please find my subscription. I am a subscriber to quite a number of medical journals, but I find that the Critic & Guide covers a field which no other journal ever touches. Dr. S. L. Newman, 263 Henry st., New York City.

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Editor CRITIC AND GUIDE:—Enclosed find my subscription. I MUST have the CRITIC AND GUIDE.—Dr. Knox, Danbury, Conn.

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Dear Dr. Robinson.—Enclosed please find my subscription. We like your journal very well. It is very bright and pithy. Wishing you all possible success, believe me, very truly yours, William Ross, M.D., 354 West 24th St., New York City.

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Dear Doctor.—With great pleasure I enclose check for CRITIC AND GUIDE until 1908. I wish your excellent journal the great success it so well deserves. Respectfully yours, Chas. Langer, 1449 Avenue A, New York City.

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Dear Doctor.—Enclosed please find check for $2.00. Keep up the good work, dear doctor, and you will have all good fellows with you. Yours very truly, F. A. Bongartz, 353 Palisade Ave., Jersey City, N. J.

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Dear Doctor.—I am always exceedingly pleased to read your paper. Enclosed please find $1.00 for 1906. Yours very truly, H. S. Kopf, 78 Juneau Ave., Milwaukee, Wis.

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Dear Doctor.—I like your little journal more and more. I believe in speaking for the right every time. Enclosed please find my subscription. Fraternally yours, Dr. B. M. Smith, Gardena, Cal.

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**A Horrible Dream.**

Some time ago, in New York City, a man was wakened in the night to find his wife weeping, uncontrollably.

"My darling," he said, in distress, "what is the matter?"

"A dream!" she gasped. "I have had such a horrible dream."

Her husband begged her to tell it to him, in order that he might comfort her. After long persuasion she was induced to say this:

"I thought I was walking down Broadway, and I came to a warehouse, where there was a large placard, 'Husbands for sale.' You could get beautiful ones for fifteen hundred dollars, or even for twelve hundred dollars, and very nice-looking ones for as low as a hundred."

The husband asked, innocently, "Did you see any that looked like me?"

The sobs became strangling. "Dozens of them," gasped the wife, "done up in bunches, like asparagus, and sold for ten cents a bunch."

# Miscellaneous Chips.

### Bolters and Chewers.

Professor Osler, says *The Hospital,* has lost no time in making his influence felt as a public speaker. In his address to the succesful students of the school of the Royal Dental Hospital of London, to whom he presented the prizes, the new Regius Professor of Medicine at the University of Oxford strongly impressed upon them the fact that they belong to a scientific profession, and urged them, even in these days of modern advancement, to read and diligently study John Hunter. While recognizing, and insisting upon, the value of specialism, Professor Osler believes that it tends in any department to narrowmindedness, and needs its corrective. Enlarging on the functions of a dentist, he said that one is the relief of suffering, but that another and more important relates to the digestive capacity of the public, whom he divides into two great groups, the bolters and the chewers. He maintains that it is the business of dental students to endeavor to convert the overwhelming percentage of bolters into a select group of chewers. This is their mission of utility; but Professor Osler also affirms that they have a mission to beautify the race. He holds that if there is one thing more beautiful than another under heaven it is a beautiful set of teeth. To promote these missions he would have attached to every elementary school a dental surgeon to inspect the mouths of the children; and total abstainers will learn, with a shock, that he considers the question of teeth more a national problem than that of alcohol. Without discussing Professor Osler's daring comparison, we do not hesitate to endorse his opinion as to the immense importance of dental hygiene. If people generally had good teeth instead of bad, the chewers would be many and the bolters few, and a potent cause of human suffering and physical deterioration would be arrested. The tooth brush and the dentist are by no means given their proper place among the blessings of modern man.

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For no sect elect
  Is the soul's wine poured
And her table decked;
Whom should man reject
  From man's common board?

Gods refuse and choose,
  Grudge and sell and spare.
None shall man refuse,
None of all men lose,
  None leave out of care. Swinburne.

THE CURSE OF RACE PREJUDICE. By James F. Morton, Jr., A.M., 244 West 143d street, New York. 25 cents. He who is guilty of the contemptible crime of stirring up racial prejudice or religious strife, merits the execration of every honest man, and this particular species of crime is handled without gloves by Mr. Morton. We advise every reader to purchase this pamphlet. It is worth reading. The language is virile and impassioned, the logic is flawless, the arguments are unanswerable. We need such pamphlets at the present time.

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**TO——?**

It was fifty years ago
In the pleasant month of May,
In the beautiful Pays de Vaud,
A child in its cradle lay.

And Nature, the old nurse, took
The child upon her knee,
Saying: 'Here is a story-book,
The Father has written for thee.

'Come, wander with me,' she said,
'Into regions yet untrod;
And read what is still unread
In the manuscripts of God.'

And he wandered away and away
With Nature, the dear old nurse,
Who sang to him night and day
The rhymes of the universe.

And whenever the way seemed long,
Or his heart began to fail,
She would sing a more wonderful song,
Or tell a more marvellous tale.

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THE CRITIC AND GUIDE

is one of the foremost agents for good in this country. It exposes fraud and humbug, and crushes superstition. It teaches logical reasoning, it demands fairness to all men, it hates extremes, it pleads for a higher plane of living and thinking.

And if we think a thing is right we say it utterly regardless of consequences.

We want you to subscribe Read the issue. Read the issue carefully and see if you think you can derive some benefit or pleasure from it. THE CRITIC AND GUIDE is doing good work—and it is not too much for you to invest ten dollars in a life subscription. Or send us three dollars for four years. One dollar for one year's subscription will also be welcome.

# DEATH

By Victor Robinson.

DEAR Death is the wonderful woman whose bountiful bosom is pressed by every man who was ever married to life.

After a little time Life tires of us all, and then she sends us to sleep with thee, O Death; yet often while she still holds us, and while her arms still embrace us, we lovingly long for a touch of thy hand, O Death, and fondly listen for the sound of the whisper of thy voice, O thou good "dark mother, always gliding near with soft feet."

For we know that within the silent recesses of thy universal chamber, the mockings and the insults never reach; the foul finger of scorn never points; the monster of misunderstanding cannot intrude; the brutal jeer is unheard; the fierce sneer of hatred is unknown; sickness is at an end, and the gaunt familiar form of pinched and piteous poverty does not enter.

And when, dear Death, we are fanned by the soothing sweep of thy shadowy wings, icy indifference cannot cause the overflowing heart to become hollow with pain, and twitch in awful anguish, for when we lie covered with the mystic draperies of thy mysterious couch, the heart is at perfect ease, all is sweet peace and serene sleep and slumber.

**No, no, no! We cannot supply you with the February, April or June issues. In fact we have no back copies of this year, except May and July.**

MEDICO-PHARMACEUTICAL

# CRITIC & GUIDE

*WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.*

**1 year, $1. Single copy, 25c. Foreign, $1.50; 6 Sh.; 6 Mks; 8 Frcs.**

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. VII. NEW YORK, SEPTEMBER 1906. No 3.

If anyone will tell me how the truth may be spoken without offending some, I will spare no labor to learn the art of it.—
*Bishop Horne.*

## THE VALUE OF A DOLLAR.

Perhaps we are making too much money. Perhaps we are becoming a bloated capitalist. Perhaps we have forgotten the real value of a dollar. Perhaps. We grant that all that is possible. Nevertheless we confess that occasionally in reading letters from some of our subscribers, we are unable to restrain from a smile or a broad grin. It seems almost impossible to believe that professional men—physicians and pharmacists—are living in this country, to whom a dollar can mean so much. Only the last mail brought a letter from a physician, in which he writes that he wants the CRITIC AND GUIDE, but cannot afford the dollar; will however, pay it in six months. Is it possible, that a dollar, one single dollar, can play any kind of a rôle in the budget of a physician, a professional man? A druggist wrote in a few days ago to stop his CRITIC AND GUIDE, for tho he likes it exceedingly, business is bad and he must curtail expenses. Is that possible? Is it possible that a proprietor of a drug store can be either so poor or so small, that a paltry dollar will count with him? We confess, we can hardly believe it, and wish somebody would enlighten us on the subject. Perhaps more experienced editors know the real secret.

We repeat: Perhaps we have forgotten the real value of a dollar. For anything we want, we no more think of a dollar than we do of a two-cent postage stamp. But we remember dis-

tinctly the time, when the dollars were made by us very laboriously, and they were like angels' visits—few and far between. And we remember distinctly that even at that time we thought little of a dollar—or of ten dollars—if the money was for mental pabulum. We felt we needed the good book or magazine as much as we did bread and butter or a pair of shoes. In fact more than once we deprived ourselves of the actual necessaries of life, in order to provide ourselves with certain books or journals, that we thought we had to have.

No, I guess it is all a matter of how *bad* you want a thing. I presume if that doctor or druggist wanted the CRITIC AND GUIDE real bad, as the boys say, he would not find it at all so hard to part with a dollar. Perhaps that very same doctor or druggist does not find it all so hard to spend a dollar for beer or tobacco. [Of course where a person has been stricken down by a long sickness or other misfortune, the matter is entirely different. *Then* every cent counts. And in such cases, as many of our readers will testify, we continue to send the CRITIC AND GUIDE free with the editor's compliments.]

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## FAKE "CHEMICAL" COMPANIES STARTING UP LIKE MUSHROOMS. WHERE WILL IT END?

Numerous letters and complaints have reached us recently about a new plague which is making its appearance and which is proving a deadly nuisance to the druggists, and which, while adding a few cents to the purse of some small doctors, is taking out dollars from the pockets of the poorest class of the population. Briefly, the matter is as follows. Certain doctors, envious of the enormous profits of the big manufacturing houses and proprietary remedy owners decided to go and "do likewise." Instead of prescribing well established proprietaries, they decided to manufacture substitutes of their own and get rich quick. Every few days, I am told, a new company starts up with a list of preparations, the chief virtue of which is in their fanciful names, and all at once, at the strike of the clock, prescriptions begin to come in calling for those preparations—and the druggist is compelled to burden his groaning shelves still further.

But that is not enuf. Not satisfied with substitutes for the ethical proprietaries and fake nostrums, those sagacious doctors —the name of the leading genius of the concern or concerns should go down in history, that the coming generations may immortalize him in eternal bronze—have decided to monopolize such things as calomel, and, incredible as it may seem, even aqua fontana, or common water. Instead of prescribing ordinary calomel tablets, they prescribe a calomel tablet of their manufacture (colored with powdered senna leaves), for which they charge the druggist the modest sum of one dollar per hundred.

And the poor public has, of course, to stand it in the end. Aqua is the commonest ingredient in all prescriptions, pondered the wise doctors; why should we let the druggists make the profit on sink water? Water is cheap, we will take a barrel of it, color and flavor it, and whenever water is necessary in a prescription, we will make the druggist dispense *our* water. Isn't that the idea of a genius? And so the doctors took a barrel of water, colored it (a nice green) and flavored it, put it up in pint bottles, and selling it at One dollar a bottle, they began to prescribe it in every prescription, where water was an ingredient. So for instance instead of Sodii Bromidi dr.ii Aquae oz.iij the prescription would read Sodii Bromidi dr.ii Elixir Diatol oz.iij.

Numerous such companies and preparations have sprung up. It would be impossible to mention all the preparations, but herewith are a few, as furnished us by the druggists: the before mentioned elixir diatol, zymol, phospho-sumbul, alphadol, betadol, oil anidol, malpho, haemango, hepolax, sennaphyl, arsetol, etc. Now where will it all end? The CRITIC & GUIDE is not at all opposed to valuable, or simply elegant proprietary pharmaceutical preparations, but when a trade name is foisted on calomel and sink water, and when for the purpose—not of furthering therapeutics, but of making a few extra dollars, an endeavor is made to foist upon the druggist and the public useless fakes at exorbitant prices, it is time to call Halt, and call it in such tones, that those interested may hear it with unmistakable clearness.

Let us hope that no lime light exposure and no megaphone will be necessary.

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## THE MEDICAL STANDARD AND THE PROPRIETARY QUESTION.

Dear Dr. Robinson: Our attention is attracted to the letter from Dr. Schmauss, of Mankato, Minn., published in the July number of the CRITIC & GUIDE in regard to the stand taken by the Medical Standard upon the proprietary question. We might with some justice, we think, question the good taste and civility of one journal printing in its pages a letter containing an unsupported and purely individual charge of an ugly character against another journal. But let that go. It is not with the ethics of the letter that we are concerned but with its subject matter.

We might say in passing that Dr. Schmauss is widely off the mark when he supposes that our stand on the proprietary question has had any influence upon our subscription list. As far as we are able to determine, it has not affected our circulation in the least, unless it be in an advantageous way. But whether or no, we wish it distinctly understood that the attitude we

assume upon the question at issue was taken with no reference whatever to its effect upon either our subscription list or our advertising columns. If, as Dr. Schmauss seems to think, we shall "lose thousands of readers before the year is out unless we change our attitude" then we are afraid the thousands of readers will have to go. We took the stand we did because we believed it to be the only right and logical one and in asserting it we did not for a moment consider what its influence might be upon our revenues.

As already stated, so far from its injuring our standing with our subscribers, we are in a position to know that our policy has made us friends for the very plain and sufficient reason that our clientage consists of a class of men who will not tolerate evasion or ambiguity, but who on the contrary, demand and will be satisfied only with a frank and fearless attitude of definiteness and justice. We regard the editor or publisher who shapes his policy with an eye to the protection or increase of his subscription list as precisely as culpable a grafter, as the voter who accepts money for his vote. We believe it to be the solemn obligation of a journal to promulgate what it believes to be the right and just viewpoint regardless of the pecuniary effects of such a course and any modification of its policy with a view to increasing, or, from a servile fear of, decreasing its list of subscribers, is in our opinion a contemptible form of bribery, such as the Medical Standard, at least under its present management, will never be guilty of.

We rely upon your sense of fair play to give this letter equal publicity with that of Dr. Schmauss.

Very truly yours,
T. G. ATKINSON, Editor.

*To the above letter we replied as follows:*

Dr. T. G. Atkinson,

Editor Medical Standard.

Dear Dr. Atkinson: Your communication of the 13th inst. just to hand. I read it with great interest and hasten to answer.

With your first paragraph I disagree entirely. I believe in the freedom of expression, and if you will look at the title page of the CRITIC & GUIDE, you will find there a sentence which has been there from the first issue and which is as follows: "Every reader has a equal show with the editor to express his opinion." I do not believe I have any right to refuse to publish an article from any reader simply because somebody may be hurt by it or because I may disagree with the opinions expressed therein. I know that what Dr. Schmauss wrote was his honest opinion and as such it was entitled to a hearing. It is only when one

writes unintelligible drivel or indulges in mere personal abuse or writes something which is entirely out of the scope of the journal, that an editor has the right to refuse the writer space in the pages of his journal. That is what I have always considered to be the office and the duty of an editor. I believe that every subscriber owns a part, however small, of the journal to which he subscribes, and while I resent as strongly as any man can, any attempt by subscribers to influence the policy of the journal, I also believe, that they have as much right, as the editor has, to be heard. So much for this part; and I state emphatically that it was neither a breach of ethics, nor even of good taste, to print Dr. Schmauss's letter.

That you are sincere in your stand on the proprietary question, I have no right to doubt. But that your stand is wrong I have no doubt either, and I also have no doubt that in a discussion or debate on the subject, you would be beaten. I do not intend to enter into such a debate now, but would be very thankful to you if you would explain to me, how you justify yourself in admitting into your advertising pages such a preparation as Antikamnia. There are all the reasons, why it should be refused admission into the pages of a respectable journal, and free, fair, unbiased and charitable as I try to be, I cannot find any justification for its admission. The proprietors try to represent it, what it is not; it is toxic; it is advertised to the laity; what else do you want, to make a preparation objectionable? Where do you draw the line? If Antikamnia is admitted, there is no reason whatsoever for excluding Peruna and Duffy's Malt Whiskey. And I should hardly think that you would be willing to admit these preparations into your pages (tho I don't know). In other words, your admitting Antikamnia into your pages, is equivalent to affirming that there is no such question as the proprietary question. For that is the limit, and you seem to be willing to go to the limit.

Your statement that your stand on the proprietary question has not influenced your circulation in any way except advantageously, is certainly strange. I know of many journals that have lost subscribers by the score, yes, by the hundred, for just such an attitude. Ethical as the CRITIC & GUIDE is, still thousands of its readers think it is not ethical enuf and I am constantly in hot water trying to show them that their criticism is due either to ignorance of the true state of affairs, to misrepresentation or to bias.

It is unnecessary to add, that with your last statement—that it is dishonest for an editor to shape his editorial policy to please his subscribers [or his advertisers]—I fully agree. I have expressed similar opinions in the pages of the CRITIC & GUIDE, and my readers *know* it. They know that while I am willing

to give them all the space they want to express their opinions, they *dare* not attempt to influence me to say or not say this, that, or the other thing.

Your last paragraph shows that you are not familiar with the policy of the CRITIC AND GUIDE. If you were, you would have been *certain* that your letter would be given equal publicity with that of Dr. Schmauss's.

In conclusion, I beg to assure you (it would not be necessary to do it if you were more familiar with the editor of the CRITIC & GUIDE), that in printing Dr. Schmauss's letter and in my present reply to you, there isn't a fraction of an atom (yes, I know that atoms are indivisible) of personal feeling, and that in spite of the fact that I disagree, and on some points very strongly, with your stand on the proprietary question, I still consider the Medical Standard one of the best and most interesting medical monthlies.

## THE PHARMACIST AND VENEREAL DISEASE.

The CRITIC & GUIDE has always stood ready to defend the pharmacist (equally with the physician) against calumnies and unjust aspersions; has always shown itself eager to take up the cudgels in his behalf when wrongly or maliciously attacked. But it has never glossed over any of his faults and it has never hesitated, and never will hesitate, to attack practices which in its opinion are wrong, immoral and injurious.

A practice equally damnable with that of gross substitution and morphine-cocaine selling, is the practice, quite prevalent among pharmacists of certain sections, of treating venereal diseases. Hardly a week passes that we do not see cases of venereal disease treated—that is, maltreated—and aggravated by our friend the pharmacist. And let us add in parentheses that the victim of such maltreatment is very often the pharmacist himself. Because he knows how to make up a Lafayette mixture and a zinc sulphate injection, the pharmacist imagines that he is competent enuf to treat himself, when he is unfortunate enuf to get caught. The result is that he very soon agravates his disease, and in no class of patients, *as just among pharmacists*, do we find such a large percentage of cases of posterior urethritis, prostatitis, vesiculitis, cystitis, and even ureteritis and pyelitis.

Gentlemen, it is a damnable practice. I know your cry: *il faut vivre;* I know, you must make a living, but it is a mighty bad way of doing so.

We have touched upon the subject before, and we are glad to see that some pharmaceutical journals are taking up this subject, which up to recently was strictly a taboo. It is with pleasure that we reproduce the following portion of an excellent editorial in the Bulletin of Pharmacy (May, 1906):

No druggist should put up a remedy of his own for either gonorrhea or syphilis, and he should discourage if not absolutely refuse the sale of proprietary articles. Every case of venereal disease should be treated, not only by a physician, but by a *competent* physician, and perhaps by a recognized specialist at that. Gonorrhea, once thought only "equal to a bad cold," is now everywhere among intelligent physicians recognized to be a most difficult disease to treat and cure, and there are many authorities who even believe it positively incurable—who declare that it is apparently cured only to break out years afterward and infect one's innocent wife and children, resulting in blindness, deafness, sterility, pelvic disturbances, tuberculosis, brain disease, or any one or more of a number of sad and distressing sequelæ.

If gonorrhea needs the best of expert and careful treatment, certainly syphilis does; and the pharmacist is performing a crime against humanity who trifles with either of these diseases himself by the sale of his own or a proprietary remedy. It is his plain duty to make the patient see the compelling necessity of proper medical treatment and advice. Unfortunately many ill-educated and ill-read doctors are themselves uninformed on this vital subject, and indifferent to its great importance. Thru ignorance of recent investigations, and of competent medical experience and thought, they discuss the topic lightly, do not impress the patient with the gravity of the trouble, and do not exhaust the resources of medical science in treating diseases which are fraught with such terrible consequences to humanity in general.

I wish our pharmaceutical friends would read these words carefully, ponder over them and take them to heart.

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## ANOTHER EDITORIAL OF A SOMEWHAT BUSINESS CHARACTER.

Our mail is getting heavier—well, not from day to day, but certainly from month to month. We have often as many as a hundred letters a day to answer, i. e., personal letters in which the correspondent asks for personal information of value just to himself. It is all right. We encourage our correspondents in this attitude. The CRITIC AND GUIDE is a representative of personal journalism and we like to be in personal touch with our subscribers. True, some of the questions asked have no more relation to the scope of the CRITIC AND GUIDE than the moon has to green cheese, but no matter. The point is, that in order to mail a letter you must affix at least a two-cent postage stamp. And tho we are in pretty good relations with our postal authorities, still they will not give us stamps free; they will not even sell

them in large quantities at a reduced rate. When it comes to selling stamps Uncle Sam is awfully independent. With all due humility the suggestion is therefore made that it would not be a bad idea at all, if correspondents, when writing for information, were to enclose a stamp—or *several:* for the obtaining of some information involves quite some considerable expense. We will also take this opportunity to hint that non-subscribers have no claims whatsoever upon our time and writing paper. If you want to avail yourself of our great wisdom, infallible judgment, deep knowledge and unapproachable erudition, you must be reckless enuf to risk financial ruin and remit the sum—we know it is an exceedingly large sum, not within the means of everybody—the sum of one dollar for one year's subscription.

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## THE RAGING FAKIRS AND THEIR MOUTHPIECE.

The recent editorials in the CRITIC AND GUIDE, conjoined with the fact that last meeting of the A. M. A. was one of the most harmonious ever held, is like gall and wormwood to the patent medicine fakirs, alcohol-morphine-cocaine debauchers and their mouthpiece, the notorious O'Gorman. They rage at us as furiously, if not more so, as do the rascally beef packers at the Lancet Commissioner and at Upton Sinclair. In the last issue of his filthy sheet, the American Anti-Medical Journalist, O'Gorman, writes a letter to himself in which he states that in 1903 the CRITIC AND GUIDE sent him—in compliance with his request—its advertising contract blanks. He *lies,* however, when he states that it was generally known at that time what firms he represented! On the contrary he took care that his connections be *not* known. He had been an advertising agent for a respectable journal, left and wrote to every journal that he was establishing a respectable advertising agency, asked for discounts, contracts, etc. Naturally, the blanks were sent him. Nor was his connection with the American Medical(?) Journalist known at that time. He either wasn't yet connected with it at that period, as some say, or if he was he took good care nobody should know it. In fact, very few would have known it, even now, if the CRITIC AND GUIDE had not learned the secret and given it out. No, nobody knew or suspected, Mr. O'Gorman, that you would become the representative of the worst specimen of prostitute-journalism and the mouthpiece of the lowest class of patent medicines.

Was that the last card you had up your sleeve—or have you some more? Poor, dying fakir!

And now we will drop the unsavory O'Gorman with his ill-smelling sheet—for all time, or for some time anyway, as circumstances may dictate. It is not pleasant to handle skunks.

# Notes, Thoughts and Impressions

By the Editor.

### The Degenerate Thaw.

Those who have, even cursorily, read the unsavory details of the Thaw-White murder, cannot have failed to have become convinced that Thaw is not only a moral degenerate, but also a sexual pervert, belonging to the brutal class of "whippers." White was certainly no saint, but he was a man of genius, and was no degenerate. The truth of the matter seems to be that Thaw hated White—with the hatred of which only a degenerate is capable—because he knew that the latter was cognizant of his cruelty and his perversions. Perhaps White also tried to save the former Miss Nesbit from Thaw's clutches.

I do not believe in capital punishment, and I do not think that society will gain much by sending Thaw to the electric chair, but he certainly deserves it fully. It was a clear case of premeditated murder, murder in the first degree. If Thaw is saved from the electric chair, as he unquestionably will be, it will be his, or rather his mother's, money that will save him. Well, what are you going to do about it?

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### The French Apothecaries' Oath.

From the eleventh century down to the time of the Revolution, the French pharmacists were obliged upon graduation to take a formidable oath in which among other and numerous things they swore to honor, respect and be of service not only to the doctors of physic who had taught them the precepts of pharmacy, but the masters from whom they had learned their art; to do all that in them lay for the promotion of the glory and majesty of medicine; to do nothing rashly, and in particular to give no purgative medicine to sufferers from acute disease, without taking counsel of a learned physician; not to touch the shameful or forbidden parts of a woman without necessity—that is to say, when some remedy had to be applied to them; not to reveal secrets confided to them; never to give any one poison to drink nor to advise any one else to do so, "not even to his greatest enemies;" never to administer an abortive potion; never in any way to attempt to force the fetus out of its mother's womb; to make up the doctor's prescriptions with strict accuracy, without addition or diminution, "as far as they are in accordance with the rules of art;" never to dispense any succedaneum or substitute without the advice of some more learned person; to repudiate and avoid like the plague the scan-

dalous and utterly pernicious method of practice used by quacks, empirics, alchemists, to the great shame of the magistrates who tolerate such things; and to keep in stock no bad or old drug. The oath ended with the pious formula: "The Lord bless me as I observe all these things." The custom of taking the oath has been abolished. But would it not be a good thing for some apothecaries to take the oath—and live up to it? But coming to think of it: the honest need no oaths; the dishonest are not deterred by the most formidable oaths.

### Count Leo Tolstoy.

Victor Robinson states somewhere, that in reading the biographies of eminent men, he has found something sadder than a man dying too young, and that is a man living too long. This remark applies admirably to Count Tolstoy. I doubt if there is anybody who has greater admiration for the colossal genius and sturdy honesty of the man than I have. In the whole world, beginning with the ancient and down to the most modern times, there is all told, hardly a dozen writers of the magnitude of Leo Tolstoy. In the whole world there is not another novel like his War and Peace. But still I say: He has lived too long. His talk of non-resistance in a country like Russia, where the non-resistance of the people led to its miserable enslavement and to the establishment of the murderous and most cruel autocracy the world has ever seen, is not only puerile—senile, it is not only nauseous and idiotic, it is injuring the cause of the people and, unwittingly, Tolstoy is playing into the hands of the brutes and murderers. And for this reason he has been left alone. No matter how he may criticise the government, as long as he preaches to the people the wickedness of resistance, the tyrants are satisfied. His stupid attack on the Duma must have made their hearts warm with joy. It is a great pity to see a man of titanic genius and most noble character sink into dotage and preach silly, injurious drivel, which gives aid and comfort to the enemy.

### The Jungle.

THE JUNGLE. By Upton Sinclair. The Jungle Publishing Co., Box 2064, New York. $1.50. It is rather late in the season to review The Jungle; and we do not intend to do it. But —incredible as it may seem—we have but recently come across a number of physicians who not only had not read, but had not heard of the book ( rather sad commentary on the literary breadth of our profession), and to all such we say: Get the book and read it. It has already proved an epoch maker, and its influence will be felt yet for a long time to come. Get the book and read it. It is the first time we have ever given a book such prominent notice. But the book deserves it: for it is one of the books that make history.

# Original Articles

## THE ETIOLOGY AND CURE OF THE SOCIAL EVIL AND THE VENEREAL PERIL.

By William L. Holt, M. D., Boston, Mass.

In a previous paper I have sketched the attempts made in the past to control or abolish prostitution and to prevent venereal disease. These consisted chiefly in the licensing and medical inspection of prostitutes; and after a very thoro trial in Europe have proved wholly ineffective as well as objectionable, so that our American authorities are not even considering them.

It seems to me that we must apply to this disease of society the same fundamental principles of medical science that we rest upon in treating the individual. Namely, find the cause, and then if possible remove it; next put the patient in the most favorable condition for combating the disease. And just as we seek to prevent typhoid fever by breaking the chain of causes that lead up to infection, so we should seek to prevent the venereal diseases by breaking the chain of causes that leads up to infection with them. As in typhoid fever, this chain may be quite long; but just as every case of typhoid originates in improper disposal of the infectious excreta of a preceding case, so every case of a venereal infection may be traced back to prostitution, using the word in its broadest sense to mean any sort of illicit sexual intercourse. But the men who patronize prostitutes are an integral part of prostitution, and are reservoirs of these diseases quite eaqually with the prostitutes. I shall accordingly devote the rest of this paper to the causes of the Social Evil, especially the social and economic, and to scientific practical remedies for it. Modern prostitution bears the stamp of modern social and industrial conditions. The hosts of unmarried workers of the great city represent the male factor; the hosts of women and girls who are not paid a living wage in the factories and city department-stores form the feminine factor. To be sure there is a small but undeniable number of so-called "natural" prostitutes: women who are congenital sexual perverts, a type of abnormal mentality well recognized by psychiatrists. Such girls have an abnormally strong sexual instinct over which they have no control whatever, but must be protected in homes for the feeble-minded or other retreats. Lombroso and other authorities declare these poor abnormal creatures the only true prostitutes. But there is doubtless no sharp dividing line between these clearly insane women, who form a very insignificant pro-

portion of the great army of prostitutes, and a much larger number who are not so abnormal as to be recognized as such and protected in institutions, but yet have such strong sexual instincts that unless they are very fortunate in early education and good moral training and environment they fall easy victims to the ever-present seducer. Such women, and only such, may be said to enter voluntarily into prostitution; altho it would be nearer the truth to say that they voluntarily seek sexual intercourse; not being able to marry, they accept without hesitation the only other terms on which the world offers it to them. To suppose that any normal girl in her right mind would knowingly choose to become a slave to brutal men's passions when she could keep chaste and still support herself comfortably, one must still believe in the discarded church dogma of original sin and the inborn absolute depravity of man and be entirely ignorant of human nature as it actually is.

Fortunately the facts in this matter have been ascertained by a Parisian doctor, Parent-Duchatelet. He investigated the causes which induced five thousand women to enter prostitution, with the following result:

| | |
|---|---|
| Induced by want and misery | 1440 |
| No parents or means of livelihood: obliged to become prostitutes or starve | 1250 |
| To support poor and aged parents | 80 |
| Mistresses deserted by their lovers: that is victims of seducers | 1400 |
| Seduced by officers and soldiers | 400 |
| Deserted during pregnancy | 200 |

Total number forced into prostitution 4770 or 95%. These figures leave only 230, or less than 5%, who may have voluntarily entered prostitution.

Mr. Alvin S. Johnson, who was secured by the New York Committee of Fifteen in 1900 to investigate the social evil, classifies the sources of prostitutes as follows:

First: a large class of women or girls who, having been brought up in the very atmosphere of ignorance, squalor, and immorality in our slums, may be said to have been trained for prostitution from earliest childhood. Such children grow up without any training, mental or moral, and by sheer force of circumstances do not learn what cleanliness and modesty are. In short they are but little better than animals, and fall willing and easy victims to their vicious male associates while they are only half-matured.

Second: the large class of women and girls employed in our large cities as shop girls, domestics, factory hands, etc. These women can hardly earn a bare subsistence. I know personally that the wrappers, cash, and errand girls in Siegel's large store in Boston get only $2.50 a week, and have been told that the

same pittance is paid at other Boston stores. At Filene's Boston store the "sales-ladies," who of course are much better paid, receive only six dollars a week. When such girls get out of work, as often happens, they are often forced practically to choose between selling their bodies or starving, or robbing their family or friends of what they really cannot spare. This class is always large, but is increased enormously during hard times. Bebel gives a striking example of this fact by quoting a letter written by the chief-constable of Bolton, England, in 1865, which says that the number of young prostitutes had increased more during the cotton famine caused by the American Civil War than in the preceding 25 years. When good times come again a certain proportion of these women always remain prostitutes, and a much larger one resort to it occasionally to eke out their wretched wages.

Third: A class of young women, probably very large in America, who tho not forced into prostitution to keep from actual starvation, find they cannot otherwise get more than a barren life of mere subsistence, which would not be worth living. They can never have pretty clothes, rarely go to the theatre and then in the worst seats, never buy books or pictures, and hardest of all never entertain their friends. These young women have the universal instinct among live people for happiness, for happiness and pleasure; they have little hope of marriage, for they know their men friends cannot afford to support a family; they see the girls about them enjoying good clothes, good dinners, and good seats at the theatre, and they know how to get these good things of life; they know nothing of the dangers of venereal disease and believe it a simple matter to avoid pregnancy; finally, they have no strong religious or moral scruples against sex intercourse. nor do they fear the loss of social standing among their set. Is it then to be wondered at, that these young women allow themselves to be seduced by the "gentleman friend," who is always hovering about the pretty and unprotected working girl?

So much for the female factors in prostitution. Let us now consider man's part in this institution. The fact that man established prostitution, and that it continues to exist chiefly for the satisfaction of his animal instincts; this fundamental fact that MAN, not woman, is responsible for this infamous institution is too often forgotten. As Dr. Prince A. Morrow of New York happily says, "The chief malefactor is the male factor." He adds: "If every prostitute now living were swept out of existence, it would only act as a temporary check to the social evil, and to the spread of venereal disease." That is, a new army of prostitutes would immediately be recruited from the underpaid working girls to satisfy the persisting demand;

and they would very soon be infected with venereal disease by the patrons of vice, or prostituants, who are reservoirs of gonorrhea and syphilis just as much as their victims, the prostitutes.

But man has always treated woman with contemptuous injustice, and so in every effort made to suppress the social evil, woman, the victim and tool of man, is always attacked as the chief offender. All repressive measures employed by the State, all sanitary regulations, and all "moral crusades" have been directed against the woman alone. Prostitutes are fined and sent to the workhouse while the prostituants, their more responsible and hence more guilty male partners go scot free.

This one-sidedness of repressive, sanitary, and punitive measures makes them not only grossly unjust, but illogical to absurdity. It is as unjust as it is to blame the half-starved miners in the anthracite coal fields for selling their children to slave in the coal-breakers, and to acquit their exploiters, the mine owners and operators who by refusing to employ men for this work and to pay the miners living wages forced the latter to abuse their own children in this shameful way.

And it is as illogical and absurd to attempt to prevent the spread of venereal disease by examining and quarantining the women alone as it would be for a health officer at a seaport to quarantine all the women arriving on a plague-infected vessel and let all the men go free.

If the male factor is the chief malefactor, let us analyze it a little and see how and why men cause and continue prostitution and into what classes its patrons may be divided.

(Continued in the Next Issue.)

## THE SAFEST or rather LEAST HARMFUL HEADACHE "CURES"

Of two evils, one should always choose the lesser. It is an evil to take hypnotics, but if, for some reason or other, we are forced to administer them, we should certainly choose the safest and not the most poisonous one. The same rule should of course hold good in giving antipyretics and all thru medicine.

In the strenuous life that so many Americans lead the nervous system is all too often overtaxed, and headaches and neuralgias are a frequent consequence. Hence the immense demand for so-called headache cures, the consumption of which is really incredible. Of course, persons suffering with headaches should consult a physician, and have the cause determined and properly treated, but it is impossible to convince the average citizen that it is necessary to spend a few dollars on a headache, when he usually can obtain relief for ten cents by a visit to the drug store.

We should do our utmost to discourage and show the dangers of self-medication, but to a certain extent it will always exist and it is our duty to try to minimize its evils by judicious

supervision. It is in this direction that the Pure Food and Drug Bill will prove a real blessing to our country. It will instruct people as to what drugs are really poisonous and injurious, that should only be used under the direction of a physician, and will act as a check, to some extent, to dangerous self-medication. It is also our duty to point out the drugs which are the least injurious representatives of their class.

In the matter of headache powders, the Pure Food and Drug Bill classes acetanilid among the dangerous compounds, and compels the quantity or proportion to be stated on the label. This is as it should be. It is almost incredible that this poisonous drug was ever allowed to be so freely and generally sold across the counter.

In fact, the only reason why it ever gained its prominence was thru its cheapness and the fact that its only other competitor, phenacetin, was in the grasp of a monopoly which supplied it at prices which rendered it prohibitive for general use.

As far back as 1894 a special committee appointed by the British Medical Association thoroly inquired into the relatively poisonous effects of the different coal derivatives. They reported that while acentanilid acted most promptly, it was by far the most dangerous, phenacetin being the least so. This has also been borne out by practical experience. A formidable list of undoubted deaths from acentanilid is on record, and this does not include the many cases in which the drug has seriously impaired the health of those taking it. As we always claimed, coal tar derivatives are not to be recommended as a steady article of diet, but of all of them acetanilid is the most depressing, the most injurious, in short, the deadliest one.

Now that the hold of the grasping monopoly has been released by the expiration of the patent and that a number of firms are supplying phenacetin under its pharmacopeial name (acetphenetidin) the price has been so reduced that there is no longer any obstacle to its use on that score. If, therefore, the public will take headache powders—and take them they will, no matter how much we may preach—it is but ordinary wisdom and honesty to substitute acetphenetidin for the far more poisonous acetanilid. It is true that acetphenetidin is slower to act than acetanilid, but it is just as efficient for all practical purposes and has no dangerous after effects, especially if properly combined. No doubt some druggists have never learned of any dangerous effects occurring from their acetanilid mixtures and will therefore continue the use of the drug and state so on the label. In our opinion, however, no self-respecting pharmacist should aid in the sale of a drug which has been declared by all leading authorities to be a heart depressant, a blood disorganizer, in short, a deadly poison.

We feel confident that many druggists will take this view, and we have thought it of interest to collate some formulas which could be used as eligible headache powders and tablets. Before doing so, a few words in regard to the general formulas for acetanilid mixtures may not be amiss. On comparing these it will be seen that the majority contain caffeine. The caffeine is evidently added to act as a heart stimulant to counteract the depressing effect of acetanilid. While this is not so essential if acetphenetidin is used, it is a good thing to retain the caffeine, because in itself it has a beneficial effect upon most headaches. In view of the fact that in many headaches the stomach is at fault a little sodium bicarbonate may be added or some stomachic like a small dose of extract of nux vomica, or sodium bromide, or ammonium carbonate. If this is done, however, the tablet form should be selected.

FORMULAE:

Phenacetin (Acetphenetidinum U. S. P.).....5 grains
Caffeine citrated.....½ to 1 grain

Phenacetin (Acetphenetidinum U. S. P.).....5 grains
Ammonium carbonate.....1 grain
Sodium bicarbonate.....3 grains

Phenacetin (Acetphenetidinum U. S. P.).....5 grains
Sodium bromide.....5 grains
Caffeine citrated.....1 grain

Phenacetin (Acetphenetidinum U. S. P.).....5 grains
Sodium salicylate.....2 grains
Sodium bicarbonate.....3 grains
Extr. nux vomica.....1-12 grain
[A very good formula, in rheumatic and neuralgic headaches.]

Phenacetin (Acetphenetidinum U. S. P.).....5 grains
Quinine hydrochloride.....1 grain
Caffeine citrated.....1 grain

Phenacetin (Acetphenetidinum U. S. P.).....5 grains
Menthol .....1 grain
Sodium bicarbonate.....3 grains

Phenacetin (Acetphenetidinum U. S. P.).....5 grains
Sodium bromide.....5 grains
Camphor .....¼ grain

If a colored tablet, powder or capsule is desired, the most eligible addition is a small quantity of powdered guarana.

These will serve as specimen formulae, which may be modi-

fied; most have been taken from medical journals and they have proved their efficiency in our own practice. A number of them, it will be noticed, are adapted only for use in tablets or pills.

[Another weighty consideration in favor of the replacement of acetanilid by acetphenetidin is that druggists could in their advertising emphasize the fact that their specialty is entirely free from acetanilid, and thus does not come under the provision of the Pure Food and Drug Law.]

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## DR. DALTON'S DIARY.

### II

THE CASE OF IRENE LARRABEE WEST.

Irene Larrabee was born August 18, 1864. I have been the family physician ever since. I pulled little Irene thru an attack of diphtheria, scarlet fever and measles. That was before she reached her seventh year. Since then she was never sick. She became very robust and loved outdoor sports. She was normal, healthy, not high strung, and looked at life with prosaic eyes. She was a passionate novel reader. At 18 she became engaged to a certain Mr. West, a lawyer from Atlanta, Ga., who attended to her father's affairs in that section of the country and who came on occasional visits to the Larrabees. At 19 she married. We were sorry to lose her, to miss her prosaic, healthy face and cheerful laugh, but she left her paternal home with a light heart. She wanted to be a mother. She loved children. She promised to come home on frequent visits. She didn't.

Today I was called in to see her—to see Mrs. Irene West, née Larrabee. Is it really one and the same person? It is hard to believe. And still it is so. It is nearly five years since I saw her last—when she left for her honeymoon and went to live with her husband in Atlanta, and I have but seldom heard of her. Mrs. Larrabee told me that she heard from her daughter but rarely, that she was not feeling very well and she was afraid she was not very happy. Mr. West was so nice and kind and gentlemanly and she couldn't account for it. I spent about half an hour with Mrs. West and I could account for everything. When I came in Mr. West called me aside and told me he thought his wife was very sick, and what was worse, he thought she was addicted to morphine. I was shocked and somewhat incredulous. I knew Irene was not one to lightly become addicted to anything. She had never tasted a drop of alcohol, had never been given an opiate, and there must have been some very peculiar reasons to have made her a morphine habitué. I examined her. Her legs and arms were full of needle pricks, the face bore a suffering, humiliated expression. I gave her a thoro gynecologic exam-

ination; then I had a confidential talk with her husband, which made the cold sweat come out on him quite profusely, and what he suspected, and what several doctors hinted at, became a certainty. Some ten years ago a gonorrheal urethritis. He treated it for a year or more and thought he was radically cured. He remained continent for over year before getting married—the entire time he was engaged to Miss Larrabee. About two or three weeks after the wedding she commenced to complain of certain symptoms, which, to me, pointed unmistakably to an acute gonorrheal infection. A doctor, G., who had been the West family physician for years, and in whom Mr. West's mother had great confidence, was called in. I investigated that doctor and found that he was an illiterate ignoramus. He had never attended any college. He ordered some strong bichloride of mercury injections. The condition became worse. Soon the pains became very severe, both in the bladder and in the sides. Then Dr. G., at his wits' ends, began to feed Mrs. West on morphine and give her morphine injections. He treated(?) her this way for a year. Her condition gradually became aggravated. Finally it was decided to call in another doctor. She was curetted and curetted again. Her condition gradually became worse. Double salpingitis and oöphoritis was diagnosed; the condition became so critical that an operation was decided upon. The seriousness of the operation was fully explained. Then Irene rebelled. She said if she was to undergo a serious operation she wanted to have it done at home and wanted Dr. Dalton to do it. And here she was. Yes, an examination corroborated the absolute necessity of an immediate operation. She had to become asexualized, and her intense maternal instinct was never to become satisfied, her hunger for a child was never to be appeased.

She was operated on two days later. "The operation was a success," but the patient hovered between life and death for seven or eight weeks. She is in fair health now, but is constantly brooding and melancholic. I hope she does not fall into real melancholia. Somehow or other the true cause of her condition, which for five years was a secret to her, is a secret no longer. How she found out, nobody can tell. But there is a marked change in her relation to her husband. He feels guilty and downhearted. Her life is ruined forever, and the household can never be a happy household.

It would be very daring to suggest that fathers should demand certificates of perfect health from their future sons-in-law, but I hope the time will come when men will make sure that they are sexually healthy and that their future wives run no risk of becoming either infected, of what is almost as bad, sexual neurasthenics.

Irene's parents have still no suspicion of the cause of her de-

plorable condition, and feel guilty that their daughter should have given poor Mr. West so much trouble and caused him so much expense. I was in today to see Irene and her mother chid her gently and lovingly for being "such a burden" to Mr. West. "And such a healthy girl as she was! You remember, Dr. Dalton. From her seventh year to the day of her marriage she had not a day's sickness. Married life agrees with some people, with others it does not." Irene merely smiled. A sad, cheerless smile. With her craving for morphine she struggles valiantly, and I trust that now, when she does not need it to quiet her pain, she will overcome the habit entirely.

Doctors should not be too sentimental, but it hurts to see a healthy girl converted into a ruin, into an unhappy person, (neither man nor woman), thru ignorance.

[Ignorance is the cause of all unhappiness.—W. J. R.]

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## PREVENTION OF CONCEPTION.

By Thomas A. Pope, M. D., Cameron, Texas.

I have some decided opinions about the prevention of conception, and if I am wrong I would be grateful to be set right. One man, however wise, might easily come to wrong conclusions if left to himself, but a large body of educated, fearless and conscientious gentlemen by the thoro discussion of any question are certain in the end to be right.

I believe this world would be better and our people happier if the child-bearing period of woman began at twenty-two and ended at thirty. If such were the case, there would be less poverty, ignorance, crime and disease, and of course more intelligence, refinement, comfort and happiness.

Let us examine somewhat in detail some of the reasons against too freuent conception. First, it often causes the death of the preceding child. It is a very common occurrence for the wife to become pregnant within from two to six months after confinement, and then of course the little baby is weaned and must be artificially fed. I cannot state accurately how many of children so weaned and artificially fed die; but I am certain that at least one-half of them die in infancy, and half of those that survive are neither strong nor healthy.

It will, of course, be understood that I am speaking of poor people, where the wife is compelled to work and cannot procure for the child the things it needs or give it the attention and care it should have. And I here remark that very frequent conception is now mostly confined to the poorer class. The rich, in town and country, already limit the number of their offspring; but for a different reason, perhaps, from that for which I would limit it among the poorer people. I have no doubt that most of the

criminal abortions occasionally seen in the country and so often occurring in the cities are due, not to the fact that no children are wanted, but to the fact that the mother feels she cannot educate and care for so many, and becomes desperate and commits a crime rather than bear children she knows cannot be adequately provided for.

There are very many women who ought not to bear children because their children are likely to be diseased in body or mind, and, if they survive childhood, will be a burden to themselves and society. This is a most important reason, and the subject deserves a chapter to itself; so I shall only advert to it here, and leave its further consideration to some future time or other writer.

The number of women who die in child-birth is about equal to the number who die from pneumonia within the childbearing period. If it were possible to permit only those to become pregnant in whom no contra-indication exists, the death-rate in child-birth, instead of being nearly four in each thousand, would be *nil.* Most women who bear many children become prematurely old. This is rather because of the mental anxiety and worry of watching over and caring for so many children than from the effect of child-birth, but this with its attendant troubles is no doubt an important factor. As a rule, women at forty, who have given birth to not more than three or four children, are, other things being equal, in better health and every way better preserved than the women who have given birth to from six to ten. I cannot think that the Creator intended that woman—the best and fairest part of His handiwork—should become a mere machine for the propagation of the species; but such she would become if she were perfectly healthy herself, and had a healthy husband, if no means were used to limit the number of her offspring. Such a woman would be confined almost exclusively to her home, social intercourse with friends would be limited, and, however bright an ornament of society she might have been, it would know of her only thru the birth and perhaps death column on the daily paper. Some of her children would be neglected, and she could give to none of them the attention she could have given if the cares of maternity had not been so many and so exacting. The health of children depends greatly on a mother's care, and if she has two or three, or even four children, she could look carefully after each child and protect them all from disease. From the reasons given, it seems certain that prevention of conception, if judiciously practised, would lessen the death-rate of both mothers and children and almost eradicate many hereditary diseases; our offspring would be healthier and happier; idiocy would be unknown, and insanity infrequent.

Now let us look for a moment at the economic side of this question. To clothe, feed and educate his offspring properly

would require an addition to the parent's income of at least $400 at the birth of each child. That is, if man and wife could live comfortably on, say, $800 a year, then one child would call for $1200 for the three—a second child $1600 for the four, and so on. What proportion of our population would be able to meet the increased expenditure so essential to making of the child a good and useful member of society?

One-half of the families of the United States cannot properly feed and educate their children, and with a majority of them it is a struggle to maintain an humble home with few comforts and no luxuries, and the little ones must at the earliest possible moment become breadwinners in order to eke out their parents' scanty income. Does it not seem like the greatest cruelty for a man and woman, with no visible means of support, who live by the proceeds of their daily toil, which is perhaps barely sufficient for their own needs, to bring into the world a large family when they must know that every child has no heritage but one of poverty, ignorance and toil? When they know that these children in the period of childhood and youth, when in need of judicious care and training, must begin a life of labor and mental darkness with but little promise of any lightening of the load which their very existence has forced upon them? The men who lead in every sphere of life, in politics, in war, in science, or in religion, do not, as a rule, lead because they have bigger or better brains than many of their fellow-men, but rather because they had more judicious training and better opportunities to improve and cultivate the talents given them by nature. I am sure that thousands of men and women sleep in unknown graves to-day, who, if they had had early and kindly care and been given the proper opportunities, would have been famous in some line, and would have had marble monuments instead of pine boards to mark their final resting-place. If the number of children were limited, better opportunities and better care would be for all, and all could have a start in life so fair that success would come to all who deserved it. Again, crime would be lessened by limiting the number of offspring, because there would be less offspring of vicious parentage and, as each child could be better educated and have more comforts, there would be less temptation to begin, as most criminals do, a life of crime in youth or childhood. If, as some hypocrites would want us to believe, "wasting seed" is a crime, then a man would commit a crime every time he had intercourse with his wife after she became pregnant, for his seed would then certainly be wasted. And it would be a crime to have intercourse with her at any period when she could not become pregnant. To prevent being branded as a criminal, a man would have to possess a most thoro and scientific knowledge of the physiology of generation, and govern himself accordingly. I say there is no law,

human or divine, written or unwritten, that forbids the prevention of conception when any valid reason for the prevention exists. And, in this, I am not saying anything in favor of licentiousness or providing a way to cloak immorality. I am speaking of persons lawfully bound together in wedlock.

Paul, in his letter to Timothy, says that man who does not provide for his family is worse than an infidel. Then, would it not be a crime against society and a sin against religion to beget children when one knew beforehand that he could not provide for them?

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## THE TREATMENT OF SEXUAL WEAKNESS AND OTHER SEXUAL DISORDERS IN MAN AND WOMAN.

*Informal Chats with the General Practitioner.*

By William J. Robinson, M. D.

### MASTURBATION

According to our program Ejaculatio Praecox, premature emission, should form the subject of today's chat. But we have received so many requests to state our personal views on the effects of masturbation, that we decided to take it up ahead of the other subjects. The opinions as to the effects of masturbation are contradictory in the extreme. The old writers, I mean not the quacks—but the regular orthodox physicians, exaggerated the evils of the habit to an absurd, ridiculous degree. Whether they did it in perfect good faith because this was their real belief, or whether they did it from a pious desire to induce the victims to quit the habit, it is hard to say. The fact remains, however, that by their writings they did tremendous damage and there is no question in my mind that many of the mental symptoms which were noted in masturbators were produced not by the masturbation in itself, but by the lurid literature which gave an early grave or the madhouse as an inevitable consequence of the habit. And the scoundrels that live on human misfortune and gullibility still continue to paint the evils of masturbation in the same lurid colors, and it is so much more easy for them to convince the frightened youth because they support their statements by quotations and illustrations from the older writers, who were world-famous specialists and professors in this or that university. Every excess is inevitably followed by a reaction and the absurd statements of the older writers led some physicians of recent years to the other extreme—to the assertion that masturbation is no more injurious than normal coitus and is not followed by evil effects at all. This assertion is decidedly untrue. The truth in this as in most other statements and theories lies in the golden middle, as I will try to demonstrate in to-day's chat.

If you hear or read that the habit of masturbation is on the increase, don't you believe it. The habit is as old as the human

race, and practically every male has for a longer or shorter period been addicted to it. It is a liberal estimate to state that two or three per cent of the male portion of humanity escape it. Many species of animals indulge in the habit quite commonly. I never ask a patient if he ever masturbated. I take it for granted. I only ask from what year to what year he has indulged in the habit and how frequently.

What are the effects of masturbation? Here like in many other things affecting the human organism, the individual equation is paramount. I have seen people who indulged in the habit for several years steadily and quite frequently—once, twice or three times a week—and without apparent injury to their mental, moral or physical well being. On the other hand, I have seen young men from 17 and up, whom you could well describe as *wrecks*. Penis cold and shrunken and incapable of any but momentary erection, the testicles reduced to practically nothing, to the size of beans, the scrotum cold and clammy, libido sexualis absent, no ambition for any physical or mental effort, bowels constipated, appetite none, memory dull, in short a nuisance to themselves and to others—and positively made so by masturbation. Here are the two extremes, with the numerous intermediate gradations. What causes the difference? Numerous individual factors. Of great importance is *the age* at which the person commences to masturbate. The younger the boy, the greater the damage and whenever you do meet with an irretrievable case, it is one in which the habit was contracted at a very early age, 9-10 years. The second factor is *the frequency* with which the habit is practiced. This factor is co-equal in importance with the first. While I greatly doubt the accuracy of Lallemand's and other stories of boys practicing masturbation 10 or 15 times *an hour,* or even a day, still the fury with which the process is practiced by some boys, beginners especially, is as remarkable as it is disgusting, and it is these early and furious masturbators that furnish candidates for irreparable wrecks and hopeless hypochondriacs. But here an interesting question crops up. Is the masturbation the sole, the real cause of the physical and mental decay of those poor unfortunates, or do they become furious masturbators because they are already suffering with a mental and physical disequilibrium and the masturbation simply makes matters worse and closes a vicious circle? For some investigators deny that a "normal" boy would indulge in the habit three to eight times a day for several months or several years in succession. A boy who is doing that must have been born with a neurotic or vicious heredity. That is all very well, but unfortunately there is no distinct line of demarkation between normal and abnormal, the transition is very gradual and the passing from one class into another is rendered very easy by some injurious habit. So that it is very hard to say which

was the cause and which the effect. A boy's equilibrium is very easily upset.

The third factor is the constitution of the boy—whether he is or was strong, robust and well nourished or puny and a weakling. I will say in parentheses that I am satisfied that masturbation started at a very early age, and practiced to excess, will prevent the boy's growth in height. Many who might have grown up to be six-footers, grow to be only five-and-something-footers. A fourth factor is the boy's general hygienic environment—whether he eats good nutritious food (which makes up to some extent the drain upon the system), whether he is engaged in physical work or not, etc. The fifth and last factor is the age at which the habit is *discontinued*. There are other factors, but they are of minor importance.

The treatment of this habit, disease or affliction—call it what you will—will be discussed in our next chat.

[TO BE CONTINUED.]

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## THE TREATMENT OF GONORRHEA AND ITS COMPLICATIONS.

*Informal Chats with the General Practitioner.*

By William J. Robinson, M. D.

[Reprinted from the American Journal of Clinical Medicine]

I have been requested by several readers to describe *my* method of treating gonorrhea in a brief article. Now, firstly, I have no method which I could call *my* method. And, secondly, the treatment of gonorrhea cannot be described in a brief article. You can no more treat gonorrhea by a set formula than you can pneumonia or typhoid fever.

There are so many points you must determine before you can enter upon the really successful treatment of gonorrhea. First of all, is it really a gonorrhea or is it only a catarrhal urethritis? Then is it a first attack, a second, a third, etc.? Is it in the acute or the declining stage? Then, further, is it a purely anterior urethritis, or has it affected the posterior urethra? Is it an acute attack or is it merely a recrudescence of an old non-cured, but dormant gonorrhea? Is the prostate involved also?

All these points must be determined in our mind before we can undertake the treatment of a case of gonorrheal urethritis with the hope of a successful issue. Of course, when a person comes to you complaining of a urethral discharge you can give him some copaiba and cubebs or some santal oil capsules and order him an injection of sulphate of zinc. But this does not mean treating gonorrhea scientifically and conscientiously. The corner druggist knows that much and in fact most of the patients nowadays know the names of the well-known blenorrhagics and

urethral astringents. When they come to you, they have a right to a somewhat more individual treatment.

The very first thing to do when a patient comes to you complaining of a discharge is to determine whether the urethritis is of gonorrheal character or not, for the treatment of the two conditions differs very materially. To determine this point you must employ the microscope. Wash off the meatus with a little bichloride solution, squeeze out the pus lodging right within the meatus, wipe it off with a piece of cotton and throw it away. (This pus is liable to be contaminated with various other organisms.) Then introduce a sterilized platinum loop into the urethra, remove a little of the discharge, and spread a minute amount of it on a clean slide. (Do not make the customary mistake of putting the discharge on too thick.) Allow it to dry in the air, and holding the slide between the fingers, or in a slide holder, pass gently, twice or three times over the flame of an alcohol lamp or a Bunsen burner. But details are important. If you keep the slide too close to the flame you "destroy" the pus. The slide (with the pus side up, of course) must be such a distance from the flame that the bare hand may support the flame at that distance. Passing over the flame "fixes" the preparation. When the preparation is "fixed," drop on it by the aid of a dropper 2 or 3 drops of sol. of methylene blue. In twenty to thirty seconds turn the slide so as to allow the excess of methylene blue to run off, and put the slide under running water. This removes the excess of the stain. Now allow the slide to dry in the air, or dry it with a piece of clean white blotting paper and examine it—without a cover—with the high power, 1-12 immersion. The coffee-bean gonococci arranged in pairs, and grouped in twos, fours, eights,etc., will be seen distinctly in the epithelial cells, in the pus cells, and also lying about free. There are more delicate staining methods than simple methylene blue, but they are more complicated and will hardly be utilized by the general practician.

Let us now assume that the gonococci have been positively demonstrated, that there has been a distinct incubation period, but that the patient has come to you at the first appearance of suspicious symptoms: a little redness and itching of the meatus, or perhaps just a small amount of serous discharge. In other words, he has come to you in the antepurulent, or serous stage of the disease. What are we to do? Shall we let the case take its regular course, or shall we endeavor to abort the disease? I am a believer in the possibility of aborting most diseases, and I believe that in *well-selected cases* we can, in a fairly large percentage of cases, abort gonorrhea, abort it in the real sense of the word. That is, we may, by one, two or three applications, irrigations, or instillations, destroy the gonococci which are still superficially located, so that no further symptoms develop, and

the patient is cured. I do not believe with Engelbrecht that we can abort or cure 90 per cent. of our cases in two days, but even if we can abort the disease in 30 to 40 per cent. of cases, it is well worth trying.

The method is briefly as follows: Having assured ourselves that this is the patient's first attack, that the discharge is slight, and serous, and the inflammation is limited to the *anterior urethra* only, we order the patient to urinate, anesthetize the uretha (with cocaine, eucaine, or alypin) and swab it with a two per cent solution of protargol (or a 50 per cent solution of argyrol), paying special attention to the fossa navicularis. Instead of swabbing, we may inject one to two drams of one of the above solutions, retaining the fluid in the urethra for ten to fifteen minutes, by the means of a penis-clamp. The patient is also ordered to inject one dram of a one per cent solution of protargol twice a day.

He appears in the office the following day, and if the number of gonococci is appreciably diminished, the solution is reduced to one-half the strength of the previous day; if not, the same strength is used. If on the third, or latest, fourth day, gonococci are still present, it is useless to expect to "abort" the disease, and we must proceed with its regular treatment. I must not forget to mention that while trying to abort the disease, we must not neglect to administer internal remedies, which experience has shown to be so useful in all forms of urethritis and the exact formulas for which I will give presently.

We will now assume that a patient comes to you with an acute, fully-developed attack of a first or a fresh gonorrhea (and you see that abortive treatment is contraindicated.) How will you treat him to obtain best and quickest results? First, the general treatment:

*General treatment.*—That the patient should be as quiet as possible, and walk as little as possible goes without saying. But right here I want to protest against a piece of pernicious advice, often found in text-books, and in articles on the subject. I refer to the advice that the patient rest in bed. Most decidedly he should not stay in bed! As I stated elsewhere, this is injurious for several reasons. It permits the pus to gravitate towards the posterior urethra and the bladder; it favors chordee; it favors congestion of the sexual organs, and the patient being unoccupied, his thoughts wander towards sexual matters, and his condition is aggravated. Under no circumstances should the patient with an uncomplicated gonorrhea stay in bed in the day time. Stay around the house, perhaps, but not in bed.

The diet may be anything at all, with the sole exception of highly seasoned food and spices. Coffee is better eliminated, but there is no objection to cocoa and chocolate, provided they are not taken too hot. Weak (straw colored) cold tea may be taken in

abundance, as well as lots of water in general (but not towards the latter part of the day).

How about smoking? Cutting off a patient from his smoke because he has gonorrhea, has always seemed to me the acme of absurdity. What injurious influence a cigar or a cigaret may have on the course of a urethritis is more than any doctor could explain. Let the patient smoke all he wants to. To me, smoking seems even beneficial, for in many persons it exerts a sedative effect on the sexual apparatus. To deprive a person addicted to smoking from his customary pleasure is to make him more fidgety, more irritable and to aggravate, instead of alleviating, his trouble. [The writer does not smoke.]

The bowels must certainly be looked after. Constipation is very injurious, and almost as much so is a diarrhea. In short any irritation in the lower bowel will react on the urethra. Very mild laxatives and warm water enemata (not glycerin suppositories; they irritate) should be used.

A suspensory is beneficial, but it must be snug and well fitting; not too tight and must not "cut" the penis. Of course, we must impress upon the patient the infectiousness of the gonorrheal pus and the fearful dangers of a gonorrheal ophthalmia. Not to do so, is criminal.

*Internal treatment.*—I understand there are some genito-urinary surgeons who do not believe in the internal administration of antiblenorrhagics. They base their lack of belief on the fact that sandalwood oil, copaiba, etc. have not the power to kill gonococci when brought in contact with them. A sad illustration of the subjection of clinical facts to test-tube experiments. Whoever has seen even once the remarkable change in the amount and quality of discharge, the diminished ardor urinæ, etc., from a good oil of sandalwood, without any other treatment, will not have to be urged to use this drug and its congeners in all forms of acute urethritis. And so then, I do believe and very positively, in the internal administration of drugs in gonorrheal urethritis.

The first mixture I prescribe has generally the following composition:

| | |
|---|---|
| Potass. citratis | drs. 2 |
| Potass. bromidi | drs. 2 |
| Liquor potassae | dr. 1 |
| Extr. tritici fl. | drs. 6 |
| Aquæ menth. pip ad | ozs. 6 |

M. Sig: Tablespoonful three times a day.

This mixture takes away the excessive acidity of the urine and also prevents chordee to a certain extent. I order, besides, a five grain tablet of hexamethylene-tetramine in a glass of water three times a day, and 1-120 grain of hyoscyamine three or four times a day. The former I give invariably in every case;

it acts as a prophylactic against bladder infection and, besides, renders the urine more or less aseptic. The hyoscyamine prevents strangury and has also a good effect in obviating, or alleviating, chordee. Flaxseed tea taken in abundance is very useful. The patient adds a tablespoonful of whole flaxseed to a quart of cold water, allows it to macerate for fifteen to twenty minutes, strains and adds a little lemon juice. The lemon makes the flaxseed tea more acceptable to the taste and prevents nausea. This treatment is kept up for about a week; then with the advent of the declining stage, the administration of the real antiblenorrhagics is commenced. The three antiblenorrhagics are: Copaiba, cubebs and oil of santal. Of these I prefer the last, but the oil must be of good quality. Much of the santal oil of the drug stores is almost worthless. I give it in 5 to 10 minim capsules three to six times a day. Sometimes I prescribe the following capsule:

| | |
|---|---|
| Olei santali..... | min. 5 |
| Ol. terebinthinæ rectif..... | min. 2 |
| Ol. cinnamomi..... | min. ½ |

Caps. No. 1. Sig: One three to six times a day.

Copaiba and cubebs are efficient, but they work havoc with the stomach and as to the old fashioned Lafayette mixture—very few "respectable" people can stand it. Methylene blue and salol I prescribe only in rare cases, when it seems necessary to change drugs. In fact, since the advent of hexamethylene-tetramine (urotropin), salol is being used less and less. This is about all for the internal treatment. The local treatment we will discuss in the next chapter.

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## HUMBOLDT.

**By Victor Robinson.**

Knowledge was Humboldt's only bride, and she bore him many children of reason and reflection. For her his eyes gleamed, and his great heart throbbed to overflowing. He felt her kiss upon his lips, and when she smiled, she thrilled him to the soul. For her he lived and labored. For her he thought and toiled and traveled. For her he sailed into faraway seas, and climbed the mighty mountains, and endured unknown dangers in unknown lands. As the years went by, his loving devotion grew greater and stronger and more profound and he was an old old man when resting on her ever-young bosom and still within the clasp of her rosy arms, he closed his eyes for the last time, and like a good truth-seeker, softly fell into the immortal sleep that ends the game of every mortal life.

# Letters to the Editor.

### Castration for Criminals.

*Editor Critic and Guide*: The writer looks with abhorrence on the taking of human life, but he believes that in castration we possess the best and most humane means of punishing dastardly crimes and of saving the race from future brutes and criminals.

As I said before, we can only regard it as an illustration of the power of popular prejudice, that people who find nothing to condemn in the extermination of individuals whose murderous nature seems incompatible with public safety, are ready to hold up their hands in horror at the most guarded suggestion of the advisability of making it impossible for lusty savages to inflict upon the community a brood of ill-balanced organisms destined to swell the ranks of vice and crime. Yet society may be driven to adopt just such radical measures in self-defense, driven to make sterility one of the penalties for the grosser forms of criminality. The effect upon the criminal statistics of this city for the next hundred years would be something marvelous, we fancy, were the worst offenders against public peace and morality sent to the island—not as now to recuperate their wasted forces and return in a few weeks to enter more lustily than ever upon their evil course—but to be made perfectly harmless as regards the future. In this way only can the stream of tendency which makes for unrighteousness be dried up at its source. It has been objected that the subjects would be spoiled as human workers, thru loss of energy and ambition, but the objection scarcely holds, in view of the fact that the eunuchs in the East have from the earliest times been prized for their serviceableness. Besides they are of little worth as they are, and the change would rather tend to diminish their rampant beastliness and make them more amenable to civilization. Many an unmanageable human brute might thus be converted into a quiet toiler, as useful and harmless as the placid creature whose patience under the yoke of labor is proverbial. At any rate, his potency for evil would be eliminated. The operation is not an uncommon one for the saving of human health. How much more justifiable, then, for the protection of the moral health of the community—for the prevention of that worst of social distempers, hereditary crime?.—Chas. D. Roberts.

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It is not necessary that I should speak, but if I do speak, it is necessary that I say what I think, regardless of what pulpit, press and public think. V. Robinson.

### Human Sexuality.

Dear Dr. Robinson: I trust you will give me space in the CRITIC AND GUIDE for a few remarks. I ask this, not as a favor, but as a right. I read your review of Human Sexuality and was induced to part with $3.00. What I want to know is this: What is the object of the book? Every book must have some object. I read the book and can see nothing in it, but dirt and filth. I can not see that the perusal of that book would do anybody any good; it can do nothing but harm, and in my opinion, the book has only one object, and that a filthy one—namely to make money for the author and publisher. This is not a worthy motive and such books should not be encouraged: they should be severely frowned upon. Smutty stories are bad enough at stag parties and smokers; they should have no place in presumably scientific books. L. B. M. D.

[We will let the author or publishers reply to this letter.]

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### A Case recalling that of Lydia Swinton in Dr. Dalton's Diary.

Dear Dr. Robinson: There are some exceptionally good things in the July issue. Your tribute to Dr. Dalton is tenderly sweet and beautiful. The timbre of its tone bears heart reaching evidence of its profound genuineness and sincerity. It will be graciously grateful reading to all who knew him, but especially to his immediate relatives. I never had the pleasure of knowing him, but I thank you for writing that heart-searching appreciation.

The first installment of his diary recalls a case I had thirty-five years ago. I was practicing at the time in Indianapolis. The young lady in the case was the daughter of a prominent lawyer. She was highly cultured, variously accomplished, and charming in person to the limit of imaginative possibility. Her lover was a banker's son, a handsome fellow and a high-roller. They were entirely devoted to each other, and were engaged to be married in three months. They got too intimate, and she came to me for help. I had been their family physician, and she never suspected that I would hesitate to help her out of her trouble. Of course I refused, and gave her the regulation little preachment which (theoretically) fits such cases. I told her no respectable physician would interfere in these cases, and that the thing to do was to let nature take its course, etc. She would die before she would go to a professional abortionist, or to any physician but me. Her pleadings for help were pitiful indeed. Every time she came back (which she did several times), she ended her beseechings with a suicidal vow contingent on my continued refusal. The last time she called she simply said: "Doctor, this is the last appeal for merciful help." I shook my head, tho I

could not keep back my tears. I shall never forget that agonized look as she turned and went out. On the next morning, the papers contained a sensational account of her death. Her body had been found in the middle of White River, close to the bridge. As her home relations had always been pleasant, and there had been no trouble between her and her lover, suicide was about excluded from the list of probabilities. It was concluded that there had been foul play. careful investigation developed no trustworthy facts, and the case added itself to the long list of tragic mysteries. I wonder if it is not a greater sin sometimes not to help a girl out of this kind of trouble, than it would be to help her.

"Leave Me My Dream" is a pretty piece of work. It recalls some of Col. Ingersoll's word-etchery. It of itself, is a dream and a luxury. Very truly yours, X. Y. Z., Ohio.

**The Liquozone Editorial.**

Dear Dr. Robinson: I am doctor, dentist, druggist; actively engaged in all three and as a druggist have kept on my shelves about everything that the public demanded, "Liquozone" among the rest. I don't know as I can offer any sensible defense for carrying such "rot" other than that druggists cater to demand, but I can honestly say I have ever told the truth about all such fakes whenever opportunity has presented. Probably that has something to do with the small sale I have for them. Our State Board of Health, some time ago, issued in its "Sanitary Bulletin" an exposé of "Peruna" and I posted it in my store and I wish you might do a world of good by issuing a reprint of this "Liquozone" editorial, on one side of the paper, and insert one in each copy of the CRITIC AND GUIDE next issue, asking that they be circulated and that every druggist subscriber would post in his window. I'll make a window display of mine and back it up.

Hammer away, you're educating physicians and pharmacists.
Yours, DR. L. W. LORD, West Ossippee, N. H.

**Charity above All.**

Dear Dr. Robinson: Your "Some Propositions" in the June CRITIC AND GUIDE which in some way escaped my notice until now, is a very terse expression of axiomatic truths; but you omit the most important of the *human* propositions, which I beg to submit:

(11) But above all, is charity. However plain the truth may appear, or the fake and fraud, we see it only from one point, and that a selfish one—our own. From the point of our neighbor yonder the glint of copper may be the sheen of pure gold. Hence it is but justice that we temper our harsh judgment with charity and hope in the possibility of that we do not see.

In reviewing some of the past numbers of the CRITIC AND GUIDE in the light of these propositions, it appears that the "elect" in his editorial chair has undergone a mighty conversion. Truth is but relative to our point of view after all.

502 West 143d st. Fraternally, P. M. WISE, M.D.

The "elect" person who has been in the Editorial Chair since the foundation of the CRITIC AND GUIDE is not aware of any "conversion." Still, if the change is for the better, he has no objection. There is room for improvement in all of us, and it is never too late to mend. As to the truth being relative to our point of view, there is *some* truth in that. There are certain truths which may be said to be of a temporary character only. There are certain propositions and rules of conduct which may be right and just in one century, and absurd and unjust in the next century. There are, however, eternal verities and they are *not* relative. Among the most important of the eternal verities, I consider one that is expressed in Latin in two words: *Noli Nocere.* Do not injure, do not cause pain to thy fellowman (unless it be for the alleviation of greater pain and suffering).—Editor.

**A Case of Corrosive Sublimate Poisoning thru the Vagina.**

There recently occurred in Pittsburg, Pa., a case of unusual interest. (Med. Council, July). A traveling salesman, having an engagement with a girl of about eighteen, applied to an advertising doctor, who kept a drug store, for boric acid suppositories as a preventive. The proprietor and his clerk advised him to take instead 7½ grain bichloride of mercury tablets, which they sold him without the "poison" label.

The man naturally supposed that they were to be used in the same manner as the suppositories. He gave them to the girl with instructions to introduce one as occasion might demand. The undissolved tablet was introduced into the vagina, remaining there until entirely dissolved. The girl was at once taken violently ill, being in indescribable agony. She lingered for about six days, death finally ending her sufferings.

The post-mortem showed the usual symptoms of mercurial poisoning, enlargement of the cervical and other lympathic glands, enlargement of the vessels of the mesentery, glandular enlargement in the mesentery and along the course of the colon and small intestines, but no irritation of the stomach. The vaginal, uterine and tubular mucosa, gangrenous or sloughing. In the pelvis about two pints of serum. No general peritonitis.

In the opinion of the gentlemen who performed the autopsy, death was due to a combination of mercurial and septic poisoning. The druggist, his clerk and the man who was with the girl have all been held for trial in the case.

MEDICO-PHARMACEUTICAL

# CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1. Single copy, 25c. Foreign, $1.50; 6 Sh.; 6 Mks; 8 Frcs.

The Editor of this Journal writes his own editorials. He say s what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. VII. NEW YORK, OCTOBER 1906 No. 4.

WHEN we meet a physician or a pharmacist who has never heard of the CRITIC AND GUIDE, we console ourselves with the fact that, as Max Nordau tells us, an old woman was found in Paris who had never heard of Napoleon. The name was utterly unfamiliar to her. And he certainly had made enuf noise.

## A DEPLORABLE STATE OF AFFAIRS.

The editor has just had a chat with a young but rising genito-urinary surgeon. They were discussing a comparatively new proprietary product, which is giving very good results in specific urethritis. The editor's friend was particularly enthusiastic, claiming that he knew of no other drug which reduced the acute symptoms, diminished the discharge and allayed the inflammation so rapidly. When the editor suggested to his friend that he report his experience in the medical press for the benefit of his confrères and suffering humanity, he replied in a most emphatic negative. The expletive was more expressive than elegant. "Do you suppose," he continued, "that I care to be looked upon with suspicion by our dear colleagues? That I care to be poked in the ribs by my friends, who, full of charity, would never get tired of asking me the question: 'How much did you get for it?' Do you suppose I care to jeopardize my standing in our medical society and my chances for the presidency? Not I. And besides, what journal would accept such an article? The J. A. M. A. surely would not. If the report were unfavorable, then it would. But not otherwise. I am not sure even that the CRITIC AND GUIDE would. And I have my doubts about the Medical Record and the New York Medical Journal. In short only a third or fourth rate publication would accept a highly laudatory article on a proprietary remedy. And I do not care to contribute

to such publications." Our friend was right. Every word was true. And on parting from him we continued our meditations on the subject. A deplorable state of affairs, indeed. Honest, reputable physicians actually *afraid* to report their experiences, afraid of being accused of writing from interested motives. And if a physician should be bold enuf to brave calumny from his enemies and coldness from his friends and report his findings, the pages of the high class journals would be closed to him. Is such a state of affairs conducive to the progress of therapeutics? How is the profession at large to learn of some new valuable drug or chemical if the proper avenues of publicity are closed? And why are the conditions in Europe so different? In Germany, Austria, etc., no physician, be he professor, docent, clinical assistant or private practitioner, has the slightest hesitancy in publishing his experience with a proprietary remedy. And not only are such contributions gladly accepted by journals devoted entirely to therapeutics, journals like Therapie der Gegenwart, Therapeutische Monatshefte, etc., but such high class publications like the Münchener Medicinische Wochenschrift, Deutsche Medicinische Wochenschrift or Berliner Klinische Wochenschrift very frequently contain reports on proprietary remedies. And the genus "write-up" is not unknown in Germany. And still reputable physicians are not afraid of becoming "suspects." Why is it? Is it possible that European medicine is inferior to ours? This can hardly be, for we still journey to it for instruction and inspiration. Are the European physicians less ethical than we are? Also hardly possible, for the European medical traditions are older than ours. The *esprit de corps* is stronger, and certainly they are supposed to know at least as well as we do what is ethical and what is not.

No, we fear the trouble is that we are scared by spooks of our own creation, that we are manacled by chains of our own making.

Isn't it time that we chase away the spooks and burst our chains?

[P. S. It is rather peculiar that there is much less hesitancy in writing and accepting articles about proprietary remedies that are fully established, that have become so to say staples. A physician as a rule does not mind mentioning favorably such articles as ichthyol, urotropin, adrenalin, protargol, etc. But how is an article to become well known, well establishel, if nobody will dare to mention it, while it is in its infancy struggling for recognition?]

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In the world of thought, personal assaults are worthless. In the realm of ideas, we recognize with Ingersoll that "epithets are not arguments, and to abuse is not to convince." Vituperation does not count; insinuating allegations are of absolutely no value, and insults are ruled out. VICTOR ROBINSON

## HAVE DRUGS ANY VALUE?

### A CHALLENGE.

Some ten years ago I trashed out this question pretty thoroly in the Twentieth Century, but I am obliged to take it up once more. Among the two hundred journals we receive as exchanges (the list is constantly growing) there is quite a respectable number belonging to the "reform" variety—freethought, new thought, free love, socialist, physical culture, etc. I like to glance thru them. Most of them are honest and well intentioned, and they present a curious, if not always delightful, mixture of truth and falsehood, wisdom and imbecility. Among the legends that your eye will meet most frequently in the advertising and reading pages of those journals are the statements that "drugs never cure," "drugs are poisonous," "don't fill your system with drugs," etc. Sure enuf, these statements are generally made by individuals not entirely disinterested; individuals who have something of their own to sell. That something may be a rectal syringe, or uncooked bread, or nut cakes, or a course in gymnastics and massage, or mud baths, or absent treatment or Christian science or osteopathy or a fake electric machine or what not. But these statements frequently and vociferously repeated produce a certain influence on innocent people, who cannot be expected to know the pros and cons of every question. And for this reason we think it worth while to take up the subject.

That drugs play but a subordinate part in the treatment of many diseases, and that some diseases are entirely unamenable to drug treatment, every modern and progressive physician knows full well. It is only the old fogy that puts his entire faith in the pill, powder or tincture. The modern and progressive physician knows full well the paramount importance of air, sunshine, exercise and diet. But he also knows full well the paramount importance of proper drugs, properly administered, in numerous diseases. He knows that in many conditions drugs may exert a true *life-saving* influence, and he knows that there are but few conditions in which drugs may not exert at least a palliatively beneficial influence; he knows that while drugs cannot always cure our patients, they can at least prolong their life, and give them ease, comfort and freedom from pain.

The Editor is somewhat sick of the ignorant or hypocritical cries of the so-called drugless healers and therapeutic nihilists and herewith issues the following challenge:

He will deposit one thousand dollars in cash, the one accepting the challenge to deposit the like sum. Two patients as nearly alike as possible should be selected. The cases should preferably be gonorrhea, cystitis, syphilis, malaria, acute eczema, scabies, varicose ulcers or any other disease the character of which is unmistakable and the improvement and cure of which can be clearly followed. The Editor will treat his case or cases with

drugs, the drugless healer can use any method he wishes, with the exception, of course, of drugs. Whose patient recovers more quickly and more thoroly should of course be declared the winner and receive the thousand dollars from his opponent. The money is ready for deposit any day, the offer is made in all seriousness and is open to anybody in good faith. Barefaced frauds and advertising quacks are excluded.

Who will accept the challenge?

Senseless overdrugging is injurious. Against poisonous patent medicines we have been preaching from our first issue, and we are proud to say that we have done as much towards knocking out the frauds as any man living. But between overdrugging, selfdrugging, improper drugging and ignorant drugging on the one hand and the proper administration of the indicated remedy by a competent and educated physician on the other hand there is a very, very wide gulf.

## FEW OR MANY CHILDREN.

What is the matter with some people? To hear them, one would believe that the highest purpose of mankind, its sole object, its sole ambition is or should be—to breed. We cannot understand the reasoning processes of these people and are obliged to ask—what is the matter with them? Are a thousand rotten apples better than a hundred good ones? Are a thousand street ragamuffins, ruined from their earliest childhood with the knowledge of every vice and crime, superior to a hundred well-brought-up, well-educated and domesticated children? In the opinions of some people, the answer to this question is in the affirmative. But some seem to go even further than that. One would hardly believe that a sane person would make the statement that a syphilitic bastard is preferable to no child at all, but that is exactly what an editorial writer said in all seriousness in a recent issue of an esteemed contemporary (N. Y. Med. Jour., August 11, 1906, p. 291). Here are the exact words: "A baby infected with venereal disease, even if it is a bastard into the bargain, is better than no baby at all." This is certainly race propagation with a vengeance, and we cannot forbear asking the question once more: What is the matter with the reasoning powers of some people?

## IS ALL OUR PREACHING OF ANY AVAIL?

We fondly hope it is, but we confess to a frequent feeling of disappointment and to an occasional feeling akin to despair. Here, for instance, we have been preaching against alcohol as a beverage for many, many years. We fondly hoped that temperance was gaining ground and that the spawn of hell, the saloon, was losing in popularity. But what are the facts? The figures of the internal revenue bureau, just published, show that there

is a distinct increase in the consumption of alcoholic liquors. During the fiscal year that closed June 30, 1906, there was consumed 160,000,000 gallons *more* beer than during the previous year. Just think of it: An increase of one hundred and sixty million gallons in one year! The receipts from spirits amounted to $143,394,055, an *increase* of 7½ million dollars over the last fiscal year. Similarly with tobacco. The total was $48,422,997, an *increase* of $2,763,086 over the previous year.

Now in all earnestness and sincerity, is it any use? Is it any use trying to reform the world? But still the world does move, does progress, and we, reformers, can no more help trying to push the world onwards than the obscurantists can help trying to pull it backwards.

## THE PHYSICIAN AND THE PHARMACOPEIA.

When, oh when, will people learn to think? And, if this is too difficult a feat, when will they at least learn to interpret other peoples' (clearly expressed) thoughts correctly? My remarks at the last meeting of the American Medical Association and my editorial in the June issue of the C. & G. anent the Pharmacopeia and the Physician have been most beautifully misinterpreted by a number of people and journals. And I have always prided myself on being able to say just what I wanted to say in clear, unequivocal English.

The Western Druggist and the Midland Druggist try to convey the impression that I said the pharmacopeia was a worthless book, that I criticized it for not containing therapeutic information, etc. All of which is, of course, the most nonsensical nonsense. I know just what the pharmacopeia is and should be. It is merely a legal standard of purity for the most commonly used drugs and chemicals and a collection of eligible formulas. It is not supposed to contain any therapeutic information whatsoever. But what I did and do claim is, that containing what it does and not containing what it does not, it is an utterly worthless book *to the physician.*

Now, dear brethren, suppose I had made the following statement: "Osler's Practice of Medicine is an excellent book, but is utterly worthless to the pharmacist." Would you have found anything wrong with it? Every book has its value to a certain class of people. There is no book that is of value to all classes of people. The pharmacopeia is an excellent book, but it is of little or no value to the physician, and it is as wrong to advise him to buy it as it would be to induce the druggist to purchase Osler's Practice or Playfair's Obstetrics. The little information of value which the pharmacopeia does contain, is contained also in his textbooks on materia medica and therapeutics, which books every physician is bound to possess.

I might add that I never heard in Germany or France of a

physician being advised to purchase a pharmacopeia or a codex. They are distinctly pharmacist's and not physician's books.

To conclude: When, oh when, will people learn to think logically?

## SOME STUFF THE READING PUBLIC IS FED ON.

The ignorance displayed by some so-called writers is both amusing and appalling. How such contributions can obtain entrance into any journal is a mystery to me. It can only be explained on the hypothesis—which it would be impolite to propound—that the editors know no better than their contributors. There is a number of a journal called Physical Culture before me. In it one imbecile preaches very strongly and earnestly against the use of salt with our food. This is not so strange, because there is quite a number of anti-salt cranks. But listen to his reasons. His reasons are: (first) because salt consists of sodium and chlorine which in the elementary state are poisonous, and (second) because somebody told him that the human body *did not* contain any salt, and it would therefore be wrong to introduce a foreign substance. This ignoramus doesn't even know that two or three poisons may unite chemically to form a perfectly harmless substance, and that common salt or sodium chloride is one of the most important inorganic constituents of our body. And still he presumes to instruct others. And Bernarr Macfadden, who should know better, permits such contributions to appear in his journal. To the expression of opinions we must give the widest latitude, but elementary facts should be known to every editor and crass ignorance should not be permitted to disport itself in the pages of our newspapers and magazines.

But, somebody might interject, the journal you mention is a lay journal, and lay journals often *are* full of the stupidest blunders and most amazing display of ignorance. Alas! The same is true of medical journals. There lies before me the reprint of an article by one Dr. Pitts Edwin Howes. The article appeared in the notorious Medical Brief, published by the notorious Dr. Lawrence. In it the author pleads of the superiority of "liquid medicines over alkaloids" (just as if alkaloids cannot be administered in liquid form). What he means to contend for is probably the superiority of the whole plant over the active principle. This is a question in which everybody is entitled to his opinion. But the arguments of that philosopher who hails from the hub of the universe are just delicious. "Chemistry teaches us" says this savant "that sulphuric acid is represented by the formula ($H_2$ $SO_4$). That the acid is composed of sulphur trioxide ($SO_3$) and water ($H_2O$). Hence sulphur would represent the *alkaloidal* principle of the acid, as the hydrogen and oxygen are *simply gases* (Italics mine) when reduced to

the free state. Would any intelligent physician prescribe sulphur with the expectation of getting the caustic effect of sulphuric acid?" These are but a few sentences, but the writer could not have succeeded in displaying his ignorance more thoroly had he written a whole volume.

Is it possible that this doctor does not know what a chemical compound means? Is it possible that he does not know that in a chemical compound the elements undergo complete transformation and that one element is as important as the rest? And has he never heard of the term "proximate principle?" Doesn't he know that alkaloids and other active principles exist in the plant ready formed, and all that is necessary is to dissolve them out? Of course if he doesn't know all this, he cannot know that to compare morphine in opium to sulphur in sulphuric acid is simply idiotic and betrays an ignorance which is truly shameful in a medical man. Let us read that sentence again: "Hence, sulphur would represent the alkaloidal principle of the acid, as the hydrogen and oxygen are *simply gases,* when reduced to their free state." Hence, carbon is the alkaloidal principle of sugar, for sugar consists of carbon, hydrogen and oxygen ($C_{12}$ $H_{22}$ $O_{11}$) and hydrogen and oxygen are *simply* gases. And carbon is also the alkaloidal principle of strychnine, for strychnine consists of carbon, hydrogen, oxygen and nitrogen. ($C_{21}$ $H_{22}$ $N_2$ $O_2$), and the last three are *simply* gases. And carbon is the alkaloidal principle of hydrocyanic acid (HCN), for hydrogen and nitrogen are *simply* gases. And coming to think of it, carbon is the alkaloidal principle of Dr. Pitts Edwin Howes, for by far the greater part of Dr. Howes consists of carbon, hydrogen, oxygen and nitrogen, and the last three are *simply* gases. Does Dr. Howes now see the absurdity of comparing a ready formed alkaloid in a plant to an element in a compound? Morphine is morphine in the opium and out of it (tho it may be combined with a different acid; the base remains the same); strychnine is strychnine in or out of the nux vomica, but sulphur free and sulphur in a *chemical* combination are two entirely different things.

Yes, it is a sad spectacle, to contemplate how much misinformation and falsehood is presented to the public daily and is devoured by it as gospel truth.

P. S. He is a wise man, somebody said, who takes care not to give the world wordy proof of his ignorance. This adage should be taken to heart by a large number of people who suffer with the dangerous malady of *cacoethes scribendi.*

**HOW TH[redacted] PROGRESS IS RETARDED.**

the Treatment of Acute Nephri-
ne, August). It is a medi-
ng new—nothing that has

not been said hundreds of times before and said better. Better chapters can be found in any standard text book. But the author, Dr. J. W. Scott, of Houston, Texas, concludes his paper with the following paragraph:

"Arullani and Renaut have recommended a maceration of fresh pig's kidney as a specific treatment. They claim that it has a beneficial effect on the parenchyma of the kidneys, promotes diuresis and the elimination of waste products, thereby improving the general metabolic processes of the body. In addition, it is given the credit of reducing the arterial tension. This treatment is mentioned only to be condemned. It is on a par with the administration by the native African of a snake liver for its bite; and is in line with the use by the ancient Grecians and Romans of the testicles of various animals for impotency, and with recent efforts to rejuvenate 'human archeological specimens' with Brown-Sequard's elixir."

Such dogmatic statements fill me with disgust—and pity for the narrow-mindedness of the writer. How does he know *a priori* that such treatment is worthless? What right has he to condemn it without an actual trial? Suppose somebody had told Dr. Scott a few years ago that the suprarenal gland is powerfully cardio-tonic and hemostatic. Most probably he would have ridiculed such an idea. If the suprarenal and thyroid glands contain powerful medicinal principles, why *may* not the kidney contain a powerful diuretic and eliminant agent? I do not say it does, but what is there impossible or improbable in such a suggestion? Each organ consists of specialized cells, and it is quite probable that the organs administered in an *unimpaired* condition may produce specific effects. And I am not at all sure that a good testicular extract is not of value in certain kinds of impotence.

I plead for broad mindedness in the treatment of disease. Nowhere is dogmatism more out of place than in therapeutics. We know what horrible bunglers and narrow-minded bigots were once to be found in the ranks of our most orthodox authorities. Therefore let us be tolerant. I do not know Arullani, but I do know Renaut. He is professor of medicine at the University of Lyons, France. A professorship in a European University generally means something. Certainly, it is at least a guarantee of the ability to observe correctly—the knowledge to take the specific gravity of urine and to estimate its solid constituents. And with all due humility, I express my opinion that a detailed report by Prof. Renaut of the University of Lyons, France, is entitled to at least as much consideration as the unsupported ex-cathedra statement of J. W. Scott, M. D., of Houston, Texas.

## TOUCHING GRATITUDE.

In a journal published in Nashville, Tenn., we came across the following touching bit of gratitude:

"Our thanks are due the Antikamnia Company for several rulers which are found very useful on our desk, especially as they serve every day to remind us of the many excellent preparations of that company."

Poor medical journalism! Hast thou sunk so low that thy gratitude can be purchased for a penny ruler?

## OUR EXAMINING BOARDS.

Boards of Pharmacy and Boards of Medical Examiners have but one function and one duty: that function is to protect the people against ignorance and incompetence; that duty is to see that only properly qualified persons are permitted to treat human ailments and to dispense medicines. Unfortunately, some boards forget their proper function and use the power invested in them unjustly and dishonestly; they often deliberately "pluck" candidates in order to diminish competition. The New Jersey Board of Pharmacy, for instance, is notorious for its contemptible tactics. It is all due to the fact that the members of our boards are not always the best men; they are not broad-gauge men with a wide horizon, who look upon things from the highest ethical vantage ground. Quite frequently the board members are merely wire-pulling politicians, and morally and intellectually the very smallest potatoes in the State. No wonder that when such individuals get the power into their hands they use it unjustly, to further personal ends, or even to satisfy personal grudges.

* * *

Narrowmindedness, bigotry, uncharitableness, charlatanry are just as hateful in "ethical" members of our profession as in unethical quacks.

## "PIPE DREAMS VERSUS FACTS."

About two weeks ago we received a postal from Dr. Ohmann-Dumesnil stating that his journal—the St. Louis Medical and Surgical Journal—has suspended publication indefinitely. This morning we received the reprint of the editorial "Pipe Dreams versus Facts" in an envelope bearing the imprint of the aforenamed journal. Now, this is thoroly bad business. It is bad business to play into the hands of the Proprietary Association of America. It is bad business to give aid and comfort to the enemy. But what I want to ask is this: Has the printing of the above editorial been responsible for the demise of the journal? Or has it merely given it the *coup de grace?* The medical profession is patient and forgiving, but it will not stand for such tactics from a medical journal.

By the way, who pays now for the broadcast distribution of that editorial? Surely not Dr. Ohmann-Dumesnil. The Proprietary Association of America does it. If this is the case, why does the doctor permit them to do it in *his* envelopes? Bad business all around.

## COUNTERPRESCRIBING IN THE 17th CENTURY.

Nothing new under the sun. As long ago as the seventeenth century Dr. Gui Patan declared with vehemence that "the barbers and the apothecaries take upon them all they can of our functions, to enrich themselves and to deceive the public, and the magistrate does nothing to prevent them."

## THE GROWING LIBERALITY OF THE MEDICAL PROFESSION.

It is pleasant to note the progress the medical profession is making. We are not referring to the progress in medical and surgical science. That's another affair. We are referring to the general progress—progress in social science, in tolerance, in liberality, in broadmindedness, in free thought. There is quite a difference in this respect between now, and, say, twenty or thirty years ago. The average physician of that time was a very narrow-minded individual. His horizon was about as wide as the circumference of a silver dollar. Outside his little knowledge of medicine he was as ignorant as a bat. The world of thought, of philosophy, of literature, of sociology was a closed book to him. And he thought his duty to humanity was fully fulfilled when he prescribed a bottle of cod liver oil for a case of consumption, or some tincture of iron for a case of anemia. The physician of today knows better. He knows the important relation that sociology bears to medicine; he knows that one change in the social or economic conditions may have more influence on human maladies than ten thousand laboratory experiments or a dozen pharmacopeial revision committees. And he is learning to think. And he is becoming more tolerant, more liberal and even radical.

We believe we are correct in stating that the CRITIC AND GUIDE is contributing materially towards the growing liberality and radicalism of the medical and pharmaceutical professions, and it is pleasant to announce that our ambition, that the CRITIC AND GUIDE may become the organ of all liberal, broadminded, independent, progressive, radical physicians, is becoming rapidly realized.

All ye who are not afraid to think, who are willing to brush off the cobwebs from your brains, who wish to be freed from the thraldom of superstition and the chains of prejudice, come under the sheltering wings of the CRITIC AND GUIDE.

## INSANITY, DOWNRIGHT FRAUD OR WHAT?

I try to be charitable. Earnestly and honestly I try to put myself in the other person's place and try to understand his or her point of view. I distinctly dislike, it is very painful to me, to have to characterize a person as insane or as a fraud. But try as I may, I very often have no alternative.

I have just read an article on Deafness by one Eleanor Kirk (The Nautilus, September). I read it and read it again. The writer tries to convince a correspondent that deafness can be cured without any material agency—by absent treatment or Christian science. As I say, I read the article again and again, and I tried to be charitable—and still I have no other conclusion but either horn of the dilemma: Either the woman is a downright fraud who is attempting to get out a fee from a victim for absent treatment, or she is so silly, so ignorant as to be very near the borderline—of insanity. How deep her knowledge of pathology, is seen from the fact that she speaks of deaf ears as "stopped" ears, not knowing apparently that deaf ears are often anything but stopped ears; on the contrary, they are often too open, the drum membranes being ruptured and gone. How *thinking* or putting yourself in harmony with your "healer" will heal a ruptured drum membrane, necrosed ossicles or an impaired auditory nerve, only a person who has lost his (or her, it is generally her) power of logical reasoning, alias a Christian scientist, can explain.

We cannot.

Do you want to have Eleanor Kirk's convincing argument that deafness is readily cured by the faith healer? Here it is: "The real healer," she says,"knows that as God is the healer of all our diseases, one disease can be no harder to heal than another." In other words, according to Miss or Mrs. Eleanor Kirk, it is no harder to heal a cancer than a toothache or a bunion. But here is the clinching part of the argument. "His (the healer's) business is to convince the patient that he is a spiritual being and that deafness does not inhere in Divine Mind. If not there, it is nowhere." Well, isn't that conclusive? If you are not convinced then you are too sceptical. I can do nothing with you. Go to—Mother Eddy.

And all thru the article she speaks of treating the case "scientifically." It is nauseating to see how the sacred name of true science is prostituted by the most ignorant fakirs, the most superstitious sects, the most absurd clowns. Science indeed!

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## OSTEOPATHY AND SMALLPOX.

I find there are quite a few osteopaths on our subscription list. And several of them asked me what I thought of osteopathy. Well, I'll tell you frankly. Like *every* system which ascribes all diseases to one etiologic factor, or which treats all diseases by one

method, it is *rotten.* There you have my frank opinion. This does not mean to assert that osteopathy may not prove very useful in certain indicated cases; it may even cure a small percentage in which regular medicine fails. But this does not change the fact, that on the whole, like every sectarian system, it may do much more damage than good. You must first learn to diagnose your cases. There can be no intelligent therapy without at least an approximately correct diagnosis. And osteopaths are not diagnosticians. In this connection the following editorial from the Medical Fortnightly of St. Louis, (Aug. 26) is quite interesting:

"A good story comes from the City Dispensary, which demonstates the wisdom behind osteopathy. A lady phoned the dispensary that she wished a physician to call and examine two 'doctors' who were suffering from a suspicious eruption. The dispensary physician responded and found two osteopaths with an eruption so obvious that it was quite beyond 'suspicion.' Questioning developed that they had been treating a child for such an eruption which they had diagnosed as due to a 'luxation of one of the dorsal vertebra.' Investigation showed that the child and its 'doctors' had the smallpox, and they were sent to quarantine. It is safe to say that these osteopaths will hereafter have a belief in something other than dislocation when they see this form of eruption, but what of the community while others are learning the same lesson?"

This story would be purely amusing, if the contemplation of the dangers to which patients of the various quacks are subjected, did not incline one to sadness.

## GOING ABOUT NAKED.

For many years I have been absolutely convinced of the great healthful value of going about naked. Not half-dressed, or slightly dressed, but absolutely stripped, nude (small trunks do not interfere). The air playing about the human skin and coming in direct contact with it stimulates it, invigorates the circulation, and increases the general sense of well being. This is not theory, but a fact of which everybody can readily convince himself. Just strip and go or sit about naked in your room or garden for two or three hours every day—and note the difference. I am firmly convinced that a good portion of human ills, notably anemia, is due to the insufficient ventilation of the human skin. It was not intended that the human body should not come in contact with air and *light* (another important factor) from the cradle to the grave.

But what is the use? To advocate nudity or even an abbreviated common-sense costume in the streets is to subject yourself to ridicule; to try to put it in practice is to subject yourself to the station house. And so we have to do the best we can and

either practice nudity in our house or well protected garden—or to move to Physical Culture City.

## A RATHER UNIQUE APPRECIATION OF THE CRITIC AND GUIDE.

It is seldom we grow enthusiastic over an exchange. A large number of good medical periodicals reach the editor's table, but none is more eagerly read than the "yellow" CRITIC AND GUIDE of New York, edited by that intrepid enemy of all frauds and charlatans, Dr. William J. Robinson. Robinson wields a trenchant pen, but his skill would go for naught were it not for the fact that he uses it in the interest of clean medicine and pharmacy. Such men are in some quarters *personae non gratae.* What wonder that the CRITIC AND GUIDE has been maligned by representatives of the nostrum. interests. In the May issue of the monthly the Lion deigned to notice the pin pricks of his antagonists and well—the lion roared. Talk about an artillery bombardment. The May issue of the CRITIC AND GUIDE is a literary Port Arthur affair with the editor representing the Japanese.

The above is from the Jour. of Physical Therapy for June, 1906 and the editor of the CRITIC AND GUIDE herewith begs to thank the editor of the Journal of Physical Therapy most cordially and takes this opportunity to predict for his excellent journal a very large clientele.

# Original Articles

## PSYCHIC LASCIVIOUSNESS AND "PURITY" LEGISLATION.

By Theodore Schroeder, New York.

Member New York Bar, Attorney for Free Speech League, President Brooklyn Philosophical Association.

At a time when "divine mania" (that is plain insanity) was still undistinguished from superhuman agency, the ideals of the religious erotophobiac became the predominant factor in our ethical code. The vehemence of deranged clericals so impressed the uncritical masses, that by sympathetic imitation, all, at least verbally, adopted the ascetic ideal and its unreasoned influence is still with us. The paradox that psychic lasciviousness is more abhorrent than its corresponding physical fact, has been carelessly transmitted from generation to generation, until now we have incorporated it into our modern statutes. By law, to-day, we make it a crime to incite harmless and perfectly natural and healthy appetites, even when their gratification is no offense against the state.

The courts agree that "One violating a woman's chastity, thereby committing an act immoral, and in some states indictable, does not assault her, if what he does, is with her consent." (2 Bishop's Criminal Law, p. 22. People vs. Bransby, 32 N. Y. 529.) But a woman's imagination is by law so much more sacred than her body and her chastity, that if you assault her imagination with a scientific book on sex, her consent cannot be given, so as to relieve the assailant of her imagination from conviction for obscenity. What a mockery of our intelligence! What an indictment of our prurient hypocrisy!

Another illustration of our popular sex-madness is to be found in the insane over-valuation of the evil of mere verbal sexuality, as illustrated in some of our court sentences. Bigelow, a defaulter, who in a trust capacity brought ruin upon many, robbing widows and orphans to the amount of one million and six hundred thousand dollars, received a sentence of only ten years. Moses Harman, who mailed a little paper, having a circulation of only a few hundred, because in a serious and commendable argument, he used the word "penis," which is just as chaste as liver or lungs, was sentenced to five years' imprisonment and a fine. How much cheaper it is to be a thief of millions, than to assert your right to free-speech, in a country boasting of "liberty."

There are states in which neither adultery nor fornication is a crime, except under special and aggravating circumstances. Thus, in many states, adultery is punishable only on complaint of the "injured" spouse. In New York, and elsewhere, if the "innocent" party has consented to the adultery of the spouse, or if they both have been guilty, not even a divorce can be had on the ground of adultery. Thus, by withholding the ordinary penalty, such courts in the name of "morality" and "purity" legalize adultery.

Under any of these conditions, stirpiculture could be practised with impunity by agreement of the married pair. Yet in every state it is a crime to circulate literature discussing the merits of stirpiculture on purely humanitarian grounds. This is another example of legalized moral sentimentalizing built on sexual derangement.

There is another forceful illustration of the same mental and moral strabismus. Not one married woman in a million bears as many children as her physical organism will permit. The reason is obvious. There is scarcely one person in a million who seriously believes that under all circumstances it is morally wrong to prevent conception. And yet we make it a crime to impart printed information as to how best to accomplish the result, or to send thru the mails scientific books, discussing the relative merits and dangers of various methods of suppression or prevention. Here again words and imaginings are criminal tho the act itself is never so regarded.

That such information should be withheld from those under the age of consent we agree. That it should be withheld from adult and married people is not so apparent. As to the rich, who could best afford to rear and educate large families, it is of no effect, since they can afford to pay the enhanced price of securing the information and the instrumentalities, in spite of the law. The size of their families shows the result.

With the poor, it is otherwise. It has been estimated that in Greater New York 50,000 children go to school without breakfast, because parents are unable to supply it, and a total of 75,000 children, it is estimated, are inadequately nourished, for the same reason. Nearly 20,000 more are in orphanages and foundling asylums, notwithstanding the constant stream of such sent to the country. Innumerable more ought never to have been born, because of the diseased condition of the parents, who yet can care for their offspring. Still other untold numbers, who ought never to have been born, die before maturity, being afflicted with a brief existence of unpardonable suffering. In a recent magazine it is estimated that 10 per cent. of children born, "die yearly thru insufficient food, insufficient good air, and insufficient attention." As I write, my morning paper comes to me quoting the agent of the New York Association for Improving the Condition of the Poor, announcing that in this city, 5,000 children will die this summer from such causes. Yet nobody seems to care or to ask why they were born at all? Isn't it an unspeakable outrage that their very existence is forced upon them by the law?

Thru a stunted development of mind and body, even if they reach maturity, most of these children are unfitted to compete in the fierce struggle for existence, and are compelled, many of them, to enter the ranks of professional criminals. Isn't it an outrage upon society that the parents of such children were unable easily to secure information as to the prevention of conception?

In the name of those who should have remained unborn, and in the name of those upon whom they must become a prey: in the name of *All humanity,* I demand that the outrageous law which prevents the dissemination of information to married people, as to how best to prevent conception, shall be repealed, and that as to such married persons, it be made the duty of the boards of health to impart that information, gratuitously.

No possible good can come from the hypocritical pretense of unconsciousness as to what the facts of life are in this respect and inexcusable suffering is unnecessarily inflicted, because in practice, the information is withheld only from those classes who are specially in need of it. What sublime stupidity and cruelty is all this pretense of morality by prurient prudes!

63 East 59th street.

## THE ETIOLOGY AND CURE OF THE SOCIAL EVIL AND THE VENEREAL PERIL.

By WILLIAM L. HOLT, M. D., BOSTON, MASS.

From a sociological point of view I shall divide patrons of prostitution into these four classes: (1) Young unmarried workers, including all youths and men under forty who have to earn a living. (2) Young unmarried students, business and professional men under forty, including all young men of the well-to-do class who are supported by their fathers or in some way get enuf income to indulge freely in vice. (3) Single men of all classes over forty who are hardened habitués of vice. (4) Married men who for any cause whatever are not satisfied with their wives and seek sexual intercourse outside of matrimony.

I will dispose of the last two classes first because they are of least importance. The old rakes may be dismissed with a word: survivors of the first two classes, who have neither succumbed to venereal disease nor made themselves respectable by introducing their disease into marriage. They are victims of habit.

The fourth class, tho doubtless smaller, is a more important one, because by indulging in illicit intercourse they are very liable to acquire venereal infections and then to transmit them to their wives and children. Why do these men indulge in vice, and how may they be prevented from doing so? The chief reasons, several of which are usually present, are an uncontrolled sexual instinct, failure of the wife to satisfy it because of organic defects or natural frigidity, or pregnancy, or refusal to incur the risk of pregnancy, or the presence of consumption or other contagious disease in the wife; estrangement for any cause, infatuation for another woman; and finally a failure to consider serious physical as well as moral injury to the wife that may ensue from adultery.

It is not the province of the physician to lay stress on the importance of a higher moral nature as a preventive of this evil, and the necessity for franker and more effective moral training of our youth concerning this greatest of all responsibilities. But it is the province of the physician to insist that all men before they become husbands be taught the grave nature of the venereal diseases and that if they indulge in illicit intercourse, they are very likely to contract these horrible diseases and to inflict them on their wives and unborn children. Such teaching would undoubtedly save thousands of families from ruin.

But what is to be done for men who are naturally passionate, but have frigid wives, or wives who from sexual incompatibility of any sort entirely fail to satisfy the husband's sexual nature? Such a marriage without reciprocal sexual relations is certainly a failure; and I believe it is cruel as well as impossible to require the husband to remain under the marriage bond. I believe

such sexual incompatibility should be made a legal ground for divorce, and that if this were done a great many wives would be saved from infection by unfaithful husbands. If all men who were granted divorces on this ground were required to support their divorced wives and children, I do not think such a law would often be abused. Men who would take advantage of it to leave their wives merely from fickleness would most likely be untrue if they were obliged to continue to live with them; and surely divorce is better than infidelity and syphilis.

What can be done to prevent the cases of infidelity due to pregnancy in the wife or her fear of pregnancy? Only one thing, and that is to teach married women, especially the poorer ones who most need it, that there are other effective and not injurious ways besides refusal or marital relations to prevent pregnancy. Unfortunately most people, including physicians, altho they feel absolutely sure of their own right to prevent conception by mechanical and chemical means, deny this right to others, especially to the women of the working class, and prohibit such teaching as obscene and imprison those few brave, humane persons who have tried to give such teaching.

The subject of prevention of conception is too large a one to be considered further in this paper than to say that such teaching would prevent infidelity of husbands in two ways: first by making the pregnant periods, during which he is necessarily exposed to temptation, less frequent; and secondly, by removing the wife's fear of conception and so her refusal to have intercourse.

We next have in order of importance the young men of leisure and wealth. Practically all of this class under twenty-one are in college or academy; those above this age are in professional schools or actually engaged in a profession or in business. Those who patronize prostitution, and everyone who has intimately known many college men knows that the majority do so several times at least during their college course, almost always form the habit while they are in college; and probably the majority of them reform in this respect soon after leaving college or professional school, either because of the purifying influence of genuine love or from fear of losing social standing, or merely from absorption in work and consequent lack of temptation to such indulgence. So that the chief patrons of prostitution in this class are the rich college youths, and to a less extent all college men who do not have to earn their support.

How comes it to pass that these young men who are supposed to be the flower of the country, coming from what are considered our best homes of the better classes, how comes it that a large proportion of these cultured youths commit such a crime against themselves and against their families and society? Is not a system of education which teaches all the learning of the sages, but fails to teach its students to avoid this capital crime and

folly to be condemned as fit only for savages and barbarians? It is very true that most of these youths have had a very deficient moral training at home, for which the colleges is not responsible, and that their parents and school teachers with very few exceptions, have failed entirely to teach them the most elementary truths of sexual physiology and sexual hygiene and to instil into them a reverence for reproduction and all connected with it as the most vital and sacred thing in life. The lack of such education in the youth entering college puts the college authorities at a great disadvantage in their task of giving him a right attitude toward sexual matters and in protecting him from sexual errors. But is there any excuse for our college authorities not recognizing this handicap and exerting themselves all the more earnestly to teach their students these all-important truths and so protect them from the disastrous results of their ignorance and folly? In order to clearly understand how all these college youths go to moral ruin, and thousands of them become infected with venereal diseases, one must study all their conditions of life. They are living an unnatural and essentially a demoralizing life. Freed entirely in the first place from that sheet-anchor of morality, the necessity of earning a living by doing useful productive work, they find themselves under no necessity to spend but a fraction of their time in attending lectures and doing other college work. In short, they find themselves idle, and in this idleness is their temptation and downfall. This is particularly true at Harvard, where the elective system permits naturally lazy men to choose studies which will require very little work besides attending the lectures; and many of those may be "cut." At Harvard also the system of tutoring the rich, lazy youths for their examinations, and even of writing required theses for them, has been most highly developed; and naturally so because Harvard attracts by its size, its excellent athletic advantages, its magnificent dormitories, and its conveniences of a large city, more of these sons of the rich than any other American college. These sons of our millionaires live outside the college grounds at Harvard in a row of luxurious dormitories called "the gold coast." These victims of their fathers' money and foolish indulgence set a most powerful and fascinating example to their fellow-students, which is equally corrupting and debasing. They are at the same time corruptors and corrupted. Because these men pass idle time going to the theatres and flirting with chorus-girls, going to gilded saloons and getting drunk, and then spending the night in a house of prostitution, all the college men who wish to "get into their set" and into the secret societies which their wealth supports, will do exactly the same thing.

We come finally to my first-class prostituants, the single young men who have to work for a living. This class far out-

numbers any of the others. Why do these men patronize vice. The briefest answer is: because they cannot or will not marry or remain continent. But this is a restatement of the problem rather than an answer. In order to obtain a real answer to this question a careful and thoro study must be made into all the conditions of these mens' lives. In other words scientific preventive medicine is inseparable from scientific sociology. Unfortunately very little investigation of this problem has yet been made from this modern point of view. The only one that I have seen is that made by Mr. Alvin Johnson of Columbia and published in the Report of the New York Committee of Fifteen, which investigated the social evil in New York a few days ago. The following is a summary of his remarks on the etiology of the moral downfall of our young city workers. First: most of these young men in the great cities have come from the country and small towns. Such a youth's income, tho sufficient for his own personal needs, is not enuf for him to marry on. As his income rises his ideas of personal comfort also rises, so that he still postpones marriage indefinitely or abandons the expectation altogether. His interests centre almost wholly in himself. He is responsible to no one but himself. The pleasure that he may obtain from day to day become the chief end of his life. A popular philosophy of hedonism furnishes him with a theoretical justification for the inclinations that are developed by the circumstances in which he is placed. It is not unnatural, then, that the strongest native impulse of man should find expression in the only way open to it. At the same time that personal scruples in regard to continency dissolve in the crucible of city life, the main external check on a man's conduct, the opinion of his neighbors, tends to disappear. In a great city, one has no neighbors. Thus with his moral sensibilities blunted the young man is left entirely free to follow his own inclinations.

I feel this statement of Johnson's to be incomplete, and I will supplement it as follows:

Johnson gives the impression that these young workers are at fault for not marrying, because they have too high ideas of personal comfort. What is his idea, I wonder, of the income necessary to support a wife and family in comfort. If he thinks he could do it in Boston or New York on ten dollars a week, or on twenty or even thirty, I should like to see him try. It costs me no less than forty dollars a week, or two thousand a year, to support my family of two in a modest suburb of Boston in the most economical way tolerable to people of the American middle class. Even so we have had to forego all such luxuries as theatre parties, table delicacies, entertaining of friends, travel, etc. Even in months when we had none of the usual extra expenses we could never reduce our expenses to a hundred dollars a month; if we had had only that income we should have

been obliged to break up our home. We had to pay twenty-five dollars a month for our suite of six rooms without light or heat and distant nearly a mile from the station. And yet we did not keep a servant. The truth is, the increased cost of living during recent years has been so much greater than the rise in wages that more and more people are prevented from marriage because they see that their small incomes cannot possibly meet the expense of living even in the simplest way in which they care to live at all. Indeed when even this small income may at any time cease on account of illness or a strike or hard times and lack of demand for labor, such men it seems to me, would be very rash to take the responsibility and risk of marriage and support of a family.

Returning to the influences that lead young men into vice I wish to emphasize the drink habit. M. Forel has gathered cases in France to show that fully 76 per cent. of all venereal infections in that country occur under the influence of alcohol. It is safe to say that also in this country the great majority of youths first lose control of their sexual instinct when they have gotten more or less drunk with licentious companions. And here the economic factor comes in again, for the great commercial interests engaged in making and selling liquors are directly responsible for the great numbers of saloons and their attractiveness, the adulteration of liquors, and worst of all, the universal custom of selling drinks to intoxicated persons and breaking all restrictions of the sale of liquor that the people make.

There can be no doubt that if the element of private profit were removed from the liquor business, there would be much less liquor made and sold and much less drunkenness.

I have already mentioned in another place the complete lack of education concerning sexual matters under which both rich and poor youths suffer. Another powerful restraining influence. which few of these young city workers have, is the friendship and affection of honest, sympathetic, and intelligent girls with whom they can associate in a natural and innocent way. Such companionship is a sheet-anchor to many a young man who would otherwise succumb to the constantly besetting temptations of a lonely city life. And one great reason that these saving relations are not secured is that most of the working girls with whom they are thrown are too poor to have a home of their own. or at least one in which they are not ashamed to entertain their men friends.

In this brief analysis of the causes of venereal disease as a menace to society I have tried to show that their reservoir is in prostitution; and that prostitution has two great roots which sink deep into the foundations of modern civilization. The first is our degrading social and industrial system. which as a result of the private ownership of capital and the power given

the owner of taking for himself the larger share of what others produce with the help of his capital, produces a merciless warfare among all members of society, in which everyone must get some of this magic capital at any cost and without scruples against ruining his neighbor. This cruel institution of capitalism by denying to tens of thousands of young women an honest living, forces them to choose between a wretched poverty and trading with the only capital they have: their youth, beauty, innocence—in short to give up what is naturally the most sacred thing in life to a woman: the hope of true love and a happy marriage, home and children.

The other root of prostitution is the cowardly, stupid cynical attitude taken by society toward all sexual matters, resulting in the inexcusable custom of teaching children nothing whatever about reproduction except that it is a low, unmentionable subject, and that adultery is forbidden by the ten commandments. I suppose that we must thank the ancient Christians in part at least for this attitude of modern society, for they most vigorously attacked the Grecian respect and love for the body as a form of Beauty, and taught their followers to despise the body, to "crucify the flesh," and to consider everything connected with it as unclean.

Now what is the scientific remedy for this hideous disease of society? Is it not to remove the causes that are supporting it? As the causes are many, so the remedy cannot be the introduction of any one change, but must be a combination of changes in the basis of our industrial system, in our methods of education, and also in our moral standards.

I realize that this problem is one of the most difficult as well as the most important of our national life, and that it can be solved only by the earnest thought and collective action of the whole American people when their conscience shall have been finally awakened and their serious attention directed to this national peril. But having studied the problem very earnestly for several years and come to certain conclusions as to remedies in my own mind, I will give them to you. I do not claim originality for any of these ideas; many of them I have obtained from Dr. Prince A. Morrow of New York.

I will divide the remedies that I believe most effective for the cure of the social evil and the venereal peril into three classes: legislative or political, sanitary, and moral or educative.

I. Legislative: First, a law granting divorce for the following two reasons in addition to those already recognized: first, sexual incompatibility, and second, venereal disease, if present at the time of marriage and unknown to the other party, or if contracted after marriage. This reason for divorce to hold whether the disease has been transmitted to the other party or not.

Second, a law declaring the voluntary transmission of a venereal disease to another person a personal injury against said person, and punishable by heavy fine or imprisonment. For some time there has been such a law with a penalty of five years' imprisonment in Norway. Dr. Morrow recommends such legislation, believing that altho it would seldom be resorted to, it would be of great educative value, for the average man forms his moral standards chiefly in accordance with the demands of the law.

Third: The emancipation of the working girls and women from poverty and degradation, and also raising the incomes of the men workers so that they can marry early, support a wife and a few children decently, and afford to give them each a high-school education. This I believe can and will be brought about by the people's gradually acquiring ownership of all the great public industries (all of our so-called "trusts"), that is of all large masses of capital or means of production. This will bring it about that all men able to work will have to work in some way useful to society, and each will get his due share of the total wealth produced in proportion to his usefulness and to his needs.

The New York Committee of Fifteen clearly recognized the economic basis of the social evil in the following three recommendations: "First, strenuous efforts to prevent in the tenement houses the overcrowding which is the prolific source of sexual immorality. Secondly, the providing by public provision or private munificence of purer and more elevating forms of amusement. Thirdly, whatever can be done to improve the material conditions of the working class, and especially of young working women will help greatly to relieve this evil. It is a sad and humiliating admission to make at the opening of the twentieth century, that, in numerous instances it is not passion or corrupt inclination, but the force of actual physical want, that impels young women along the road to ruin."

II. The second class of remedies is sanitary. I do not believe in reglementation, for it has proved itself entirely inefficient to prevent venereal infections, and is also a gross injustice to women. But all writers agree in recommending more accommodations for prostitutes suffering from venereal disease, and also that so far as possible they be kept separate from young women who have been seduced but are not yet hardened to prostitution. How utterly inadequate are the hospital accommodations now provided for such patients, who are so dangerous to the public health, is shown by the fact that in 1900 only twenty-six beds for women suffering from venereal diseases were provided by the great City of New York.

III. Moral and educative measures. Under this heading I include all efforts to educate people, both men and women, con-

cerning the social evil and the venereal peril, and also concerning sexual hygiene and marriage reform. All these problems are so inextricably connected that one cannot properly understand one without some knowledge of all the others.

Of prime importance I believe is the teaching that man is primarily responsible for prostitution, and that in plain justice the same moral standard should be demanded for him as for woman. Mothers should not allow any young man to associate with their daughters, much less to court them, whom they know or even suspect indulges in debauch; and they should carefully explain to them the reason for this. At the same time girls should be taught even more carefully than boys the elements of sexual hygiene and be made to realize the importance of sexual purity in the man to whom they are going to entrust their future health and happiness and those of their children.

But inasmuch as the vast mass of the people are ignorant of sexual truth it seems quite visionary to ask or expect them to teach it to their children. Indeed even the parents who know something about such matters seem to have a strange reluctance to explain them to their children. For, of a number of my men friends whom I have asked whether they were taught by their parents concerning sexual matters only one replied affirmatively. Another was sent by his father to the family doctor to get answers to his questions. This seems to be a wise plan when it can be followed.

But the most effective way of teaching sexual hygiene seems to be in public schools by men and women who have had some special training in the subject. Such instruction would naturally be given as part of the regular course in hygiene, and might be given by same teacher if he or she were qualified for it. It is not for me to consider at what grade or age such instruction should be given, whether it might be given to boys and girls in separate groups, or must be individual.

But before any such changes in our laws or education are introduced, there must be a campaign of popular education in these matters, organized and vigorously carried on by all people who are engaged in any way in bringing information before the public. The physicians of the country should naturally take the lead in this movement, and some in New York have already done so by forming the Society of Sanitary and Moral Prophylaxis.

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From the womb of Wonder are born the children of Wisdom. From the quiver of Question leap the arrows of ideas. To ask is to advance; to investigate is to become educated; to inquire is to improve; to ponder is to progress. True Knowledge is the darling daughter of Doubt. VICTOR ROBINSON.

## IMPOTENCE CAUSED BY THE EXCESSIVE CONSUMPTION OF BROMO-SELTZER.

By William J. Robinson, M.D.

Reprinted from the Journal of the American Medical Association, Aug. 18, 1906.

The case herewith reported possesses a double interest. It demonstrates the hitherto, I think, unreported injurious effect of the coal-tar derivatives on the sexual sphere and the danger of permitting the indiscriminate sale to the laity of dangerous drugs and nostrums.

*Patient.*—Mr. S. J., teacher, married, father of three children, consulted me Feb. 2, 1906, for loss of sexual power. For over a year he had been noticing a gradual diminution of the *libidio sexualis,* together with *ejaculatio praecox.* He has been generally running down, losing flesh, etc.

*Examination.*—His complexion was sallow, dingy, cachectic. He tires very quickly, and gets out of breath on walking up stairs, or on running after a car. His tongue was heavily coated and breath was offensive. He had no appetite, bowels were constipated. He had had gonorrhea twelve years ago, but is apparently perfectly cured, there being no shreds in the urine and the prostatic secretion being normal. Uranalysis showed absence of albumin, but the presence of a trace of glucose (by the phenylhydrazin test). Pulse varied from 90 to 96 in the recumbent position, immediately jumping to 104 or 108 on standing up. Every sixth or seventh beat the heart would skip a beat. He had recently made application for life insurance and had been rejected.

My efforts to elicit any possible or probable cause for his present condition proved fruitless. All he knew was that he was working very hard, day and night, and had been suffering with severe headaches. And here he stopped.

*Treatment.*—I treated him for about two weeks, locally and generally; there was some improvement, but it was not so positive and unmistakable as could be desired.

*Additional History.*—At that time his wife, who had found out that her husband was under my treatment, came and asked me if her husband had told me that he was using daily a large bottle of bromo-seltzer, in fact that he was a "bromo-seltzer fiend." He was very touchy on the subject, she said, and would resent it very much if he knew that she "told on him," but she considered it her duty to do so. This put an entirely different aspect on the case. On his next visit I told him that it was useless for me to treat him further, that he must be the victim of some bad habit or drug which was undermining his constitution, and that unless he gave me his full confidence I would have nothing to do with him. He then told me that about a year and a half previously he had taken, for the first time, a dose of bromo-seltzer to relieve a slight headache; the headache was relieved,

but returned the next day in a worse form. The headaches gradually became more frequent and more intense, and the doses of the bromo-seltzer had to be increased. He was taking on the average two dollar-size bottles a week. He tried to break off, but his headaches then became so intense that he was unable to do any work or to sleep, and he felt forced to return to the powder. He did not make any very great efforts to overcome the habit, he said, for he did not think that the bromo-seltzer was injuring him or had anything to do with his present miserable condition. He did not think that a medicine which might injure people would be permitted to be sold freely. (Blessed innocence. Even cocain-containing catarrh powders are sold indiscriminately.)

*Treatment and Result.*—I explained to him that the bromo-seltzer would not only injure him, but would eventually kill him, and got him to promise to give up the stuff entirely. And he did. His wife told me that he hasn't touched it since. He suffered at first with agonizing headaches, but he bore them stoically, being determined to get well. His insomnia was absolute and I was obliged to give him a hypnotic for three or four nights. His headaches gradually improved. He followed the treatment faithfully, and he is now a well man. An irritable, despondent, tired-of-life hypochrondriac four months ago, he is now hopeful, energetic, full of plans for the future, and a great enemy of bromo-seltzer and nostrums in general.

I have not the slightest doubt that a further continuance of the consumption of bromo-seltzer would soon have resulted in a fatal issue in this case. The nostrum vendors often ask for proofs of the deadly or injurious action of their products. Sudden deaths are rare; an immediate death from any nostrum would, of course, drive the latter out of existence at once. It is the slow, insidious effect of these nostrums that is so dangerous, because so difficult to recognize and to treat. At the same time, there is no doubt in the minds of those who have given the subject some study that the self-administered nostrum contributes considerably to the mortality rate, though it does not appear as one of the causes of death on the death certificates. Had this man died, the cause would have been given by the attending physician as heart disease or kidney disease. He would never have been informed—and he would never have suspected—that the original cause of the man's untimely demise was the "harmless" bromo-seltzer.

## THE FIGHT AGAINST THE NOSTRUM EVIL.

By L. BUCKLE, M. D., NEW YORK.

The great nostrum evil, about which a few years ago very few cared to hear and still fewer dared to speak, has now become a most popular and most attractive topic for discussion. Medical editors, who have cleansed and disinfected their journals from

the putrefactive "ads," "write-ups," etc., can now, with a clear conscience, write about the nostrum evil.

This movement is interesting, not only because of its noble purpose, but also because of the remarkable searchlight of exposure it carries with it. In the presence of these luminous rays, even the weak-eyed doctor is enabled to make out the astonishing tricks preformed on the arena of the nostrum theatre. He can see there the famous A. K. actors, of St. Louis, standing knee-deep in a great vat and performing the most unique trick of stirring and mixing acetanilid, at two cents an ounce, with sodium bicarbonate and caffeine until the product can be sold at one dollar an ounce. Performed by other stars of the nostrum theatre, the acetanilid mixed with a wee bit of ammonium carbonate becomes ammonolized or phenalgined. He may also see the wonderful kettle into which the "Digestive and ductless glandular organs of young herbivorous animals" are thrown and by virtue of some latent power in the kettle, aided by a rare process too scientific to be known, these bits of organs, all of a sudden, are transformed into one newly organized principle, which, we are told, possesses "exceptional therapeutic virtue." This is the marvelous life principle which is reported by a host of "uninterested" and very "sincere" M. D.'s to have cured diabetes. locomotor ataxia, the worst forms of anemia and even made the centenarians grow young again. Many more miraculous tales of it are told, and, in the interest of humanity, it is well that every practitioner should know its name, so that he may be able to prescribe it *pro re nata.* It is called by the very euphonious name: bioplasm.

Other amazing feats may also be seen if looked for long enuf in the direction of the exposing rays. The charming magicians, who by a turn of their hand one way, can make *true* santal and false (saw) palmetto blend, and then by another turn, can mesmerize a great number of weak minded medical men, to use the blended stuff to scare gonococci out of their hiding places: to promote the growth of the mammae; to heal, soothe, and vitalize the diseased reproductive organs, etc., are all to be seen at the popular gay nostrum-theatre. Ecthol, Seng, Celerina, Neurilla, Chionia, and the endless list of the rest of the braves, will all be seen in their mask and disguise playing their rôle with boldness and ability.

To those physicians, whose sole reason for prescribing certain nostrums is because they have seen them advertised in high class medical journals, or become Professor So and So wrote a long article, rich in adjectives, in their praise and commendation, or perhaps, some glib-tongued agent hypnotized them to do his bidding, such revelations will prove an interesting as well as a beneficial surprise. For, in their innocence, they could never have ventured to think that perhaps one-half of the medical journals

in this country are either owned or subsidized by nostrum fakirs; that ninety per cent of the articles contributed to those journals, lauding and recommending certain nostrums, are nothing but paid write-ups; and that the gold coin stands out with its bonds like the carbon in the benzol ring, linking together medical editors, professors, agents, doctors, priests, etc., into one combination, working for one cause—the spread of nostrums.

The unique antipyretic prescription which appeared in the January number of the Medical World, as reproduced in the CRITIC AND GUIDE, combining the virtues of acetanilid, sodium bicarbonate and bromo-seltzer, comes, no doubt, from the pen of just such a doctor.

And as to those careful and thoughtful members of the profession, who have always been on the alert, who have avoided becoming caught by the catching testimonial and literature trap; *they* will only smile the smile of joy and applaud the superb display of strong arguments, irresistible facts and logical deductions brought out by the nostrum fighters. Yes, their hearts will beat more gladly to see that the long desired treatment for the prevention and removal of the malignant growth of nostrums, has, at last, begun. They will join the movement and help to stamp out the pestiferous, nostrum malady. And the potential energy thus set free by a sufficient number of medical men and turned into kinetic activity, will, eventually, so strengthen the movement, that it will sweep into submission all those who are still at their posts, guarding and protecting fraud and humbug.... Medical editors who are still contracting to push deception and misrepresentation will soon find out that the nauseating stuff they allow in their journals (be it in the shape of an editorial, write-up, testimonial or ad) has become so distasteful to the medical palate that something will *have* to be done to suit the newly acquired medical taste.... And in so doing, the men who are now trying to check the movement, will themselves add to its force. As Spencer says, "Journalists, always chary of saying that which is distasteful to their readers, are, some of them, going with the stream and adding to its force." Let us then hope, that the stream of the movement will, ere long, carry not only those who will cheerfully and willingly lend it energy and force, but even some of those who have always stood as a barrier to its flow.

There is only one thing in this movement which is to be deeply regretted, and that is the fact that in their great zeal to eliminate fraud, humbug and deception, some of the leaders of the movement have gone to extremes, attacking all kinds of preparations, no matter how worthy and meritorious. No line of demarcation is drawn, by these leaders, between the worst nostrum and highest proprietary product. Everything which does not happen to be in the Pharmacopeia is loudly condemned. The mere name, "proprietary," according to them, stamps the preparation as unworthy.

This one-sided course, if indulged in indefinitely, may, it is feared, deviate the movement from its right path. Too stringent and unnecessary requirements put up by the Council of Pharmacy and Chemistry of the A. M. A. have forced some of the best chemical and pharmaceutical houses, who otherwise have the greatest sympathy with the movement, to oppose them. This is very unfortunate. Had the requirements put up by this able and learned body of men been a little more moderate, say as reasonable as those outlined in the CRITIC AND GUIDE, there is good reason to believe that there would have been little difficulty in getting every decent house to be with the movement, heart and soul. This little journal, altho it started to hammer the skulls of the dishonest nostrum and proprietary manufacturers at a time when it was alone in the field of battle, has, nevertheless, never gone to extremes. Its requirements were, from the start, fair, just, safe and sane; and, if followed, the line of demarcation between the meritorious and worthless, decent and fake preparations would have grown stronger and more definite until the average doctor could see which is which. As it is, chaos reigns supreme.

Let the movement go on. But let it go on in the line of least resistance. And, above all, let us not *create* useless resistance.

## THE TREATMENT OF GONORRHEA AND ITS COMPLICATIONS.

By William J. Robinson, M. D.

Reprinted from the American Journal of Clinical Medicine.

II.

How soon should the local treatment of gonorrhea be begun? As soon as the patient applies for treatment, as soon as the diagnosis is made. I know that the older generation of physicians and some of the newer ones condemn the early use of injections in gonorrhea. They advise waiting until the acute inflammation has subsided. They claim that the injections are likely to cause damage; increase the inflammation, cause complications, such as posterior urethritis, epididymitis, etc.

Their claims are not without foundation. It is quite true that *improper* injections, or proper injections *improperly* administered may cause great damage. For instance, the use of silver nitrate in the hyperacute stage will positively injure the patient, the use of irritating astringent injections, when mild gonocide solutions should be used, will aggravate the disease. But this is true of every disease and of every kind of treatment. Discrimination is necessary and nowhere is a little knowledge more dangerous than in the treatment of gonorrhea. But properly used, local treatment can prove only beneficial, and in my practice I can truthfully say, that I have not seen one case that was injured by the early use of injections.

The injections I use, I divide into three classes:

I. Cleansing.

II. Bactericidal (gonocidal).

III. Astringent.

While these injections may be used interchangeably during one and the same period, still, as a rule, each class is indicated for a different stage of the disease. When a patient comes in a superacute condition, with the discharge, so to say, bursting forth, and the penis red, swollen and painful, then I use only the cleansing injections. But this stage under proper management never lasts longer than two or three days, and then the time comes for the gonocide injections. Many patients never have that very acute stage; that is, even a first or acute gonorrhea may start in and proceed with only moderate symptoms. In each case the cleansing injections are left out and the gonocide injections are commenced forthwith. The astringent injections are reserved for the last or declining stage, when there is but a drop or so of discharge and gonococci either entirely absent or very scant.

The most eligible cleansing solutions are a 1 per cent. solution of borax or sodium bicarbonate or 1-10 per cent. solution of sodium chloride. Boric acid is not very good for the purpose, for mild as it is it is still nevertheless irritating, occasionally.

It is best to prescribe those solutions double the strength it is intended the patient should use them and direct him to dilute them half and half with boiling water. For it is important the patient should use the solution hot. If he can use it of a temperature of 45° C. (113° F.) he will kill two birds at one shot, because the above temperature is fatal to the gonococcus. But in the superacute stage of which we are speaking now, some patients are very sensitive to heat and cannot stand a higher temperature than 90° or 100° F. A higher temperature is not only painful but occassionally increases inflammation.

We must always remember the purpose of these injections: They are merely cleansing, and unlike injections of class II and III, they are not to be held in the urethra. They are injected and allowed to run right out. Of course, as with all injections, the patient must be instructed always to urinate before using the injection. If he cannot urinate at a given time, then he is to delay the injection until he can.

I. Formulas of cleansing injections.

2. Sodii bicarbonatis.....grs. 144 (10 Gm.)
Aquae destill. steriliz.....pt. 1 (500 Cc.)

Mix with equal volume of hot water and inject two or three syringefuls *every* hour. (If you cannot do it so often, do it as often as you can).

1. Sodii boratis.....grs. 144 (10 Gm.)
Aquae destill. steriliz.....pt. 1 (500 Cc.)

Directions same as with injection No. 1.

3. Sodii chloridi c. p.....grs. 30 ( 2 Gm.)
Aquae destill. steriliz.....pts. 2 (1000 C c.)

Directions same as with prescription No. 1.

Some use a normal salt solution (0.7 to 0.9 per cent). I don't consider it necessary to use the solution so strong.

We now come to the formulas for the gonocide solutions. There is no limit to the frequency of the injections. A patient will seldom use them as often as you tell him, but the oftener the better. If one would use the injections regularly every twenty minutes or half-hour, his urethritis would certainly be cured in a very short time. These injections are to be held in as long as possible—fifteen minutes (if the patient has the patience and perseverance), ten minutes or at least five minutes. If the patient (after urinating of course) takes the injection in the recumbent or semi-recumbent position, he will have less difficulty in retaining the solution as long as may be necessary.

The antiseptics that have been recommended as gonocides are many. The principal ones are mercuric chloride (corrosive sublimate), potassium permanganate, hydrogen peroxide, thalline sulphate, ichthyol and silver salts. Mercuric chloride is mentioned here only to be condemned in the most emphatic terms. It is a drug that works mischief with the urethral canal. The urethral mucosa is an exceedingly delicate membrane and must be dealt with gently. We must kill the gonococci, but we must not destroy the mucous membrane. I am satisfied in my mind that many cases of stricture, urethral erosion and other complications can be laid at the door of corrosive sublimate. Potassium permanganate is not one of my favorites. If used in strength to be efficient it is too irritating. Not that we cannot cure a gonorrhea with it alone, but there are better drugs, and in medicine the best is none too good.

Hydrogen peroxide is of little value as a gonocide. When I do use it, it is in very dilute solution as a cleansing agent, merely preliminary to the gonocide injection. Thalline sulphate is a well tried gonocide and I use it frequently. Ichthyol I use in obstinate cases of a gleety character. But the gonocide drugs par excellence are the silver compounds.

The best known of silver compounds is silver nitrate. I use it very extensively in chronic urethritis, but to use it in acute gonorrhea is criminal folly. It not only increases the pain and the discomfort (often producing retention, strangury, blood in the urine, etc.) but actually aggravates the disease. For the silver nitrate increases the discharge, and the more abundant the discharge, the better the gonococci like it; this is their pabulum and they multiply in it much more rapidly than in a urethra with but a scanty discharge. For this reason my endeavor from the first minute I get the patient is to reduce the amount of discharge

in the urethra to a minimum; not by the aid of drying astringents, but by mechanical means; by frequently flushing the urethra with the syringe and by making the patient take lots of liquid, so that he is obliged to urinate very often and thus wash his urethra from within. And so nitrate of silver in acute gonorrheal urethritis is ot of the question. Silver iodide, recently recommended, is of little or no value. Silver fluoride is irritating.

In short, the inorganic preparations of silver are not well suited for the treatment of acute gonorrhea. We must have recourse to the organic compounds. Here we are confronted with an *embarras des richesses.* We have protargol, argyrol, argonin, argentamine, argentose, argentol, nargol, largin, picratol, silberol, ichtrargan, albargin, etc., etc. While I have given every one of them a pretty thoro trial, I shall not go into a consideration of the advantages and disadvantages of every one of them. I will simply state that practically I have limited myself to the first mentioned, namely, protargol and argyrol. And while argentamine, argonin and albargin are used abroad considerably, in this country the above two compounds are the only ones in general use.

Argyrol is an excellent silver compound and is the least irritating of all silver compounds. And in very irritable or sensitive urethras that is the silver compound of choice. Protargol, however, seems to be more penetrating and on the whole is more effective. An excellent way is to use, as I have been in the habit of doing for some time, the two salts alternately. That is, I will prescribe one bottle of protargol solution and one of argyrol and tell the patient to use the protargol one day and argyrol the next day, or to change with each injection. Under these injections the secretion diminishes, the inflammation subsides and the gonococci disappear rapidly.

II. Formulas for gonocide solutions.

4. Protargol ..... 0.5
Aquae destill.....200.0

M. Ft solutio *lege artis.* Detur in vitro nigro.

S. Use one syringeful at a time (2 to 4 drams, depending upon the capacity of the man's anterior urethra, which I always measure) and hold in 5 to 10 minutes.

You must be sure that the solution of protargol is properly prepared. Improperly prepared it contains lumps and will prove irritating. The best way to make a solution of protargol is to pour the water into a wide graduate or a mortar, and then throw, with a sifting motion, the protargol on the water; it is light and floats. Leave it without shaking or stirring; in a few minutes it will be found to have become dissolved. As seen, I commence with a 1-4 per cent. solution (1:400). The amount may be raised to 1 or 2 per cent., but I seldom go beyond 1 per cent.

5. Argyrol .....10.0—20.0—50.0
Aquae destill..... 200.0

Use the same way as the protargol solution.

6. Thalline sulph..... 1.0
Aquae destill.....200.0

This is a one-half per cent. solution; the strength may be raised to two per cent., but one per cent. is generally the most satisfactory.

7. Ichthyol .....4.0 to 6.0
Aquae desill..... 200.0

This, as stated previously, is used only in "dragging" cases and is good as an alternate injection.

When the discharge has become thin, serous and scanty, when the gonococci are practically absent, then it is, as a rule, advisable to finish up with an astringent injection. For this purpose we may use one of the following injections. (N. B. Alum, tannic acid and copper sulphate are very unsatisfactory astringents in gonorrhea):

III. Formulas for astringent injections.

8. Zinci sulphatis.....grs. 8 ( 0.5)
Aquae destill.....ozs. 4 (120.0)

Inject three to four times a day.

9. Zinci sulphatis.....grs. 8 (0.5)
Plumbi acetatis .....grs. 8 (0.5)
Aquae destill.....ozs. 4 (120.0)

Inject three or four times a day.

10. Zinci sulphocarbolatis.....grs. 16 (1.0)
Aquae destill.....ozs. 4 (120.0)

11. Zinci sulphatis.
Plumbi acetatis, aa.....grs. 8 (0.5)
Tr. opii .....dr. 1 (4.0)
Tr. catechu .....drs. 2 (8.0)
Aquae, ad .....ozs. 4(120.0)

The following, however, is my favorite:

12. Zinci sulphatis .....grs. 4 to 8 (0.25 to 0.5)
Bismuthi subcarbon. (vel subnitr.)drs.3 (12.0)
Bismuthi subgall .....dr. 1 (4.0)
Hydrast aquos .....oz. 1 (30 Cc.)
Pulv. acaciae .....drs. 1 1-2 (6.0)
Aquae, ad .....ozs. 4 (120.0)

M. F. mistura lege artis.

Keep bottle flat and shake well before using.

This leaves a protecting coating over the urethral canal, exerting a soothing and healing influence. The coating remains in the urethra until the next urination. This injection finishes up the treatment.

Next comes the consideration of the complications of gonorrhea,

# Credo

I believe I have something to say and I mean to say it.

I believe that the world is getting better every day.

I believe in the essential goodness of human nature.

I believe that most of the meanness and wickedness in this world is due to ignorance and poverty, or rather fear of poverty.

I believe that religious dogma and religious prejudice have caused more misery, suffering and hatred and have hindered human progress more that any other single factor.

I believe that the greatest enemy of mankind is he who stirs up religious strife and racial prejudice.

I believe in the greatest amount of liberty compatible with respect for the righs of others; in other words, everybody may do as he pleases, provided that in doing so he infringes not on the equal rights of others.

I believe that it is our duty to endeavor to attain the highest physical and mental development.

I believe it is our duty to work for the welfare-physical moral and mental-of our fellowmen, so that this world may be just a little bit better when we leave it, than when we entered it.

I believe that work-not drudgery-is an absolute essential to happiness, and the work must be both physical and mental.

I believe that competition is merely a stage in evolution, and the final stage will be a cooperative common wealth.

I believe that with all its shortcomings this is the finest and greatest country on the face of the earth.

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I believe that "regular" medicine was once extremely coarse, intolerant and narrowminded, but this is no longer the case.

I believe that there is no need of various "schools" of medicine. Regular medicine now is broad enuf and liberal enuf to embrace all schools and systems, and to utilize the best there is in any.

I believe that in therapeutics, one honest man's opinion is as good as another's.

I believe that drugs are secondary in importance to air, sunshine, water and diet, but when intelligently used in proper cases, they most positively aid in restoring health and often actually prove true life savers.

I believe that a great percentage of disease is due to improper living, to social and ecomomic causes, and as we advance, there will be less disease and the work of the physician will be chiefly of a preventive character.

# Therapeutic Notes

## TREATMENT OF CORYZA BY FORMALDEHYDE.

In the Concours medical (Practitioner, July, 1906) Dr. Lacroix describes a method which, according to him, gives the best results. He prescribes formaldehyde [liq. formaldehydi, U. S. P] 3iss. in a wide-mouthed bottle. To be used for inhalation.

The patient holds the open bottle below each nostril, as if about to use a smelling bottle and inspires gently. There is produced in the nasal fossæ and generally also in the forehead, cheeks and nape of the neck, showing the penetration of the formic vapors to the frontal, maxillary and sphenoid sinuses, a sense of smarting and tingling, intense enough to cause a slight lachrymation, and a running of mucus from the nose. As soon as this sensation becomes painful, the inhaling is stopped for a few moments, and then renewed two or three times more. This is done every hour, or less often, according to the degree of severity of the coryza.

The advantages of this method of treatment are: first of all, its simplicity; then, its cheapness—with one or two drachms of formaldehyde a cold in the head can be treated for several years; its innocuousness—for formaldehyde, used in this manner, has no untoward effects; and its efficiency, for these inhalations give excellent clinical results. Some patients preserve with the greatest care their little bottle of formaldehyde and have recourse to it whenever a cold in the head threatens, and for many years they have never been disappointed in its good effects.

## SPIROFORM.

Spiroform is chemically acetyl phenyl salicylate; in other words, salol in which one atom of hydrogen has been replaced by the acetyl radical. It is a crystalline powder, of a slightly acid taste, practically insoluble in cold water, but soluble in alcohol. It has been administered in rheumatism and as a urinary antiseptic with good effect. Its average dose is 8 grs. and it may be repeated as often as every two hours. No gastric disturbance is said to follow its administration.

## ARBUTIN.

Arbutin, the glucoside of uva ursi, is a remedy entirely too much neglected by the general profession. Will not uva ursi accomplish the same thing? No, it will not. Such large doses would have to be administered, that the inert and irritating matter would do more damage than the arbutin would do good. Arbutin never upsets the stomach, and its action in weak bladders,

with imperfectly closing sphincters, is quite marked. Chronic gonorrheas of long duration are frequently accompanied by dribbling of the urine, and in such cases arbutin should always be administered. As to the dose, some give it in small doses: 1 centigram (1-6 grain) every half hour or so. The writer, however, gives in larger doses: 3 to 12 centigrams (½ to 2 grs.) every hour.

Give the remedy a thoro trial.

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## CALX. SULPHURATA.

Another neglected remedy is "calcium sulphide." This is undoubtedly due to the fact that nine-tenths of the calcium sulphide in the drug stores is utterly worthless. A good preparation must be secured, if you expect to get results. It should be administered whenever there is suppuration, whenever there is infection. Very large doses may be given. In some cases the patient must be saturated. Latterly I have been giving large doses of calcium sulphide to all patients suffering with gonorrheal rheumatism—in addition to all other treatment—and it seems to me to produce distinctly favorable results. But I must repeat, the product must correspond to the Calx Sulphurata of the U. S. P. Some of the specimens we have seen were entirely devoid of the smell of $H_2S$ and therapeutically about as active as calcium sulphate.

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## THE SEDATIVE ACTION OF SOLANINE.

Solanine, a feebly bitter alkaloidal principle, crystallizing in rectangular prisms, only slightly soluble in boiling water (1 to 8,000), more so in boiling alcohol (1 to 125), is widely distributed in the genus solanum and even elsewhere in the family. It is a prominent constituent of dulcamara. Genevil (Journal de Medicine de Paris, June 10th) has recently investigated its physiologic action. His conclusions are: (1) Solanine is a poison to the motor end-organs of the nerves of organic life. It narcotizes the medulla oblongata, the spinal cord, and the nerve trunks, causing paralysis of the terminations of both the sensory and motor nerves. This physiologic action places solanine among the best of our analgesic agents. (2) Solanine may be prescribed without danger in a comparatively large dose. It does not produce the unfavorable results of either atropine or morphine. Given with ordinary care it is harmless. It has no cumulative action. It should be used especially as a substitute for morphine. (3) Solanine does not cause congestion of the brain, even in the aged. The same should be the case in infants. (4.) In all diseases where there is need of an agent to overcome excitement, spasm, or pain, solanine will doubtless be employed with the highest success.—N. Y. Med. Jour., Aug. 25, 1906.

# Letters to the Editor.

## "HUMAN SEXUALITY."

### A Reply by the Author of the Book.

My Dear Dr. Robinson: The cheerful epistile of L. B. in your September issue, on my recent work, Human Sexuality, has just reached me thru the unkindness of my Publishers. There are only two points in the letter which require comment; so that its republication here is not necessary, so far as I am concerned, and is a matter for the Editor to determine. Point one is that L. B. had to pay three dollars for the book; and point two, that when he got it he found it to be nothing but a "mess of filth and smutty stories," which recalls the two faults of the Jerseyman's mule—one, that he was mighty hard to catch, and the other, that he wasn't worth a d——mn when you had caught him.

Now, Mr. Editor, I have two objections, also to L. B.'s criticism. First he ought to come out into the open and use his own name; and secondly, his condemnation is too sweeping, it doesn't give the author a ghost of a show. If a man find fault with the diction, historical accuracy, style or substance of your book, argument may be met with argument; but when he simply calls you a damphool, and lets it go at that, the statement is not only disconcerting but sometimes exceedingly difficult to disprove. The name-objection I am going to deal with summarily. I don't propose to waste my eloquence on a pair of initials. Hereafter, I shall call L. B., Lightning Bug.

But the bug's second position is not so easily gotten over. The book is unquestionably filthy. It couldn't well be otherwise and do justice to the subject. But it does seem hard, after wading thru over four hundred volumes, in different languages, on the sexual practices of antiquity; after tabulating, defining, classifying the multitudinous types of sexual aberration, making them so clear that even an old maid need not err therein, and producing a work which (and I say it in all modesty) has already received the favorable verdict of American scholarship; which the *Journal of Physical Therapy* pronounces "'a most valuable contribution to medical science;" which the Chief Resident of the Pennsylvania Insane Asylum regards as "unqualifiedly the best work on the subject he has yet come upon;" which Dr. Schufeldt, the great New York alienist, considers "the most lucid and best work extant on the subject which it so ably treats;" and which the *Canada Lancet* and a hundred other professional journals speak of in equally flattering terms; then, to have an old palæozoic fossill like Lightning Bug bob up serenely with his fool charge of "filth" and "smutty stories," I tell you is not conducive to a painstaking author's feelings of benevolence. . . .

Perhaps, too, L. B. is not in sympathy, as so many nasty people are, with the present sexual order of things; looking forward, like Compte, to a period in human evolution when women shall be impregnated without the help of men; but, until that day arrive, I fear "filth" and, incidentally, "smutty stories" shall continue to constitute a fairly large element of the sex question. . . . Diseased sexuality, like carcinoma of the rectum, is not in itself an esthetically lovely thing. Hence it ought to be approached by professional idealists like Lightning Bug only with a pair of silver tongs and a smelling bottle.

The chief trouble with the Bug seems to be that he didn't read my bok rightly. He took it up, as I well remember my dear old father, who was of a religious turn of mind, doing with Mark Twain's "New Pilgrim's Progress," expecting to find new vistas of intellectual beauty opening before him, and finding instead simply a plain, truthful, unadorned history of sexual phenomena as they exist in modern society; as they existed in the phallic eras of Rome, Greece and India; as they existed in the pederasty of Sodom and Gomorrha; in the whoredom of Baal Peor; in the "strange women," dropping honey from their mouths in the streets of Nineveh and Babylon; as they exist among the savage races of earth, equally with the civilized, and as they always shall exist while those twin tyrants, Love and Hunger, rule the world.

Respectfully yours,

J. RICHARDSON PARKE, M. D.

925 Spruce street, Philadelphia, Sept. 10th, 1906.

## TUBERCULOSIS A SOCIAL DISEASE AND HOW TO REDUCE RENTS.

Editor CRITIC AND GUIDE: I am glad to see that you agree with Dr. Cohen's statement that tuberculosis is "primarily a housing problem" (I think he said "housing *and feeding*"), and that you agree with his further statement—"Cause rents to be low and wages high and you solve the tuberculosis problem." But you make rather a large demand when you request somebody to show you "an easy, feasible method of quickly bringing about the economic millennium." To point out an easy method or a feasible method would not be difficult, but to demand that reform of our present bungling system should not only be easy but also work quickly is to set a considerable task. However, I will point out an easy method of diminishing the high rent problem and consequent over-crowding, which will point out the way in which they can be entirely abolished.

It is a matter of common knowledge that real estate is nowhere equitably assessed, and that in the suburban districts especially the discrimination in favor of vacant land is very marked. The tax laws of almost every State require the assessment of

property at its full value. If nothing more is done than to impartially enforce the present laws and assess partly improved and vacant land at its full value, the result will be that the burden of taxation upon buildings will be materially lessened and the tax burden upon vacant land will be increased.

Consider the effect of reducing the taxes on buildings. Will it not be to encourage their erection, and will not an increased number of buildings reduce house rents? And curiously enough the effect of an increased tax upon vacant land will be precisely the same; that is to increase the amount of land put on the market and to decrease the rent that will have to be paid for it. For taxes on land never add to its rent, which is fixed by competition and by the available supply of land.

After the tax laws are enforced rents could be still further lowered by exempting improvements from taxation, and wages increased by abolishing the taxes which at present check production. This would bring us very close to the single tax plan of Henry George, which is about the easiest way of reaching the economic millennium of which I have heard.

Yours truly, A. C. PLEYDELL.

56 Pine Str., New York.

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## THE OFFICIAL VS. INDEPENDENT MEDICAL JOURNAL.

Dear Dr. Robinson:—I have read with interest your paper on the State Journal vs. the Independent Medical Journal, in the August issue of the C. & G. and when I say that in its reasoning and conclusions it is most excellent, I mean, of course, that it agrees with my views. I think there is much unnecessary fuss made over this question of "ethics of drugs." There is no line between the good and bad. Whatever remedy the profession uses much, will become popular with the laity, and they will soon buy it without the intervention of the doctor. (And when you have separated the good from the bad and advertised only the good, you may be assured that in a few years most of it will have disappeared from use, and the advertisement, if you will look back upon it, will seem absurd). Advertising has no relation to scientific medicine: it is a one side game with an entirely ulterior and commercial object. It is unfortunate that our literature of medicine has to be mixed up with it at all.

As to the Medical Society of the State of New York, I have always contended that, if it is going to be responsible for a scientific publication, it can well afford to publish it without peddling out advertisements of drugs. However, this is not the opinion of the Society.

As to the Journal of the Society, it can be made a success if it has an editor—a single individual at the head. If it has the right man, it is to be congratulated; if it has not, it should get him—but no committee can edit a journal.

Please accept my thanks and the assurances of my appreciation for your kind consideration of the New York State Journal of the New Regime. The judgment of so impartial a Critic and the admonitions of so excellent a Guide help and encourage us in our search for the path that leads to the Land of Fulfilment.

Very sincerely,
JAMES P. WARBASSE, M. D.,
Editor N. Y. State Jour. of Medicine.

# Book Notices

THE PROPHYLAXIS AND TREATMENT OF INTERNAL DISEASES. By F. Forchheimer, M.D., Professor of Theory and Practice of Medicine and Clinical Medicine, University of Cincinnati; Physician to the Good Samaritan Hospital, etc. Cloth, 652 pages. $5.00 net. D. Appleton & Co., New York.

We are not divulging a State secret when we say that reviews are occasionally written without the reviewer plunging into the book further than the title page. We assure our readers, however, that this is not our usual practice and in this case we have spent quite a few hours with the book. We have glanced thru every chapter, while some divisions we have read in their entirety. And we say, it is a good book. It is a useful book. It will prove of great value to the practicing physician, and it will undoubtedly have a large sale. We have a superabundance of text-books on medicine, but we have very few books devoted entirely to the treatment of disease—a subject of far greater importance than pathology, etiology or prognosis. We are glad to note that the author is fully aware of the toxic effects of acetanilid, never uses it and discourages its use in his patients (p. 559). On p. 138, in Neisser's formula for preparing "gray oil," there has crept in an important error. There is no such thing as benzoic ether. With this exception, the book is remarkably free from typographic errors.

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INTERNATIONAL CLINICS. Vol. II of the Sixteenth series of this excellent quarterly, which we have had occasion to commend more than once, is before us and contains a wealth of good articles. The articles in the section on Treatment are: The Prognosis and Treatment of Chronic Valvular Diseases of the Heart, by Delancey Rochester; The Prevention and Treatment of Acute Nephritis, by James M. French; The Treatment

of Migraine, with special reference to the use of Cannabis Indica, by G. C. de la Carrière; and The Prophylaxis of Nervous Disease, by Philip Zenner. The volume also contains sections on medicine, pediatrics, neurology, surgery, obstetrics and gynecology, and laryngology, is abundantly illustrated, and, like all the other volumes, well bound in cloth. The price is very moderate indeed—only two dollars.

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DIABETES MELLITUS.—Its pathological chemistry and treatment, by Prof. Carl von Noorden. Dr. von Noorden, who is now Nothnagel's successor in Vienna, has probably done more than any other single physician towards the elucidation of the obscure problems of that puzzling and disheartening disease, diabetes. The volume before us constitutes the lectures delivered by Noorden in this country in the University and Bellevue Hospital Medical College, and in our opinion it is the moral duty of every physician to procure and study the volume. The treatment of diabetes is still in such an unsatisfactory condition that the profession is in duty bound to seek for helpful suggestions wherever found and von Noorden's monograph contains very many of them. [E. B. Treat and Company, New York, $1.50, 211 p. cloth].

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MAN AND HIS POISONS.—A practical exposition of the causes, symptoms and treatment of self-poisoning. By Albert Abrams, A. M., M. D.; $1.50. E. B. Treat & Co., 241 West 23d street, New York. The importance of auto-intoxication as a cause of disease is becoming more apparent from day to day to every thoughtful practitioner. So long as the great variety of diseases dependent on gastro-intestinal infection is not yet fully appreciated by the profession at large, such books as Man and His Poisons will have a distinct service to perform. Dr. Abrams's book is concerned chiefly with the relation of self-poisoning to nervous and mental diseases, and deserves the careful perusal of every physician. It does not make heavy reading by any means; on the contrary it is written in a light, breezy and in parts humorous style and is full of suggestive paragraphs.

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THE ACID AUTO-INTOXICATIONS.—By Prof. von Noorden and Dr. Mohr; 50c. E. B. Treat & Co., New York. This constitutes one of von Noorden's clinical treatises on the pathology and therapy of metabolism and nutrition and is an important contribution to this obscure and little understood subject.

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A NON-SURGICAL TREATISE ON DISEASES OF THE PROSTATE GLAND AND ADNEXA. By George Whitfield Overall, A. B., M.D., Chicago. Rowe Publishing Company, Chicago. Cloth, 228 pages, 26 illustrations, many of them full page.

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MEDICO-PHARMACEUTICAL

# CRITIC & GUIDE

*WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.*

**1 year, $1. Single copy, 25c. Foreign, $2.00; 8 Sh.; 8 Mks; 10 Frcs.**

The Editor of this Journal writes his own editorials, He says what he wants to say and in the way he wants to say it without reference as to what Mrs Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. VII. NEW YORK, NOVEMBER 1906 No. 5.

## The Worst Representative of Pharmaceutical Journalism is Angry.

Have you ever heard of the National Druggist? Most likely not, as the circulation of that publication, Allah be thanked, is quite limited. The National Druggist is a typical specimen of the I-am-for-sale journalism; it occupies the same place in pharmaceutical journalism that the American Medical (?) Journalist and the Brief occupy in medical journalism. It is the lackey and mouth-piece of the Proprietary Association of America, and being innocent of any such thing as principles or ideals, it willingly and eagerly does the bidding of its bosses, its advertisers. Its special mission is to defend the patent medicine traffic and to oppose any attempt at regulating the manufacture and sale of poisonous and worthless concoctions. Lately a good deal of its "editorial" space has been occupied with paranoiac attacks on the American Medical Association and its journal, and with foaming at the Pure Food Bill.

In the September issue of that noble publication there appears an attack on the editor of the CRITIC AND GUIDE under the following title: "The Climax in the Hypocritical Assaults of the American Medical Association Officials on the Drug Trade." The cause of the attack is our article on "Impotence Caused by the Excessive Consumption of Bromo-Seltzer," which appeared in the Journal of the American Medical Association and which was reprinted in our October issue. We do not know whether the editor of the National Druggist was drunk when he wrote the article, or whether he merely wrote what he was bidden to. It matters little. The editor's vapid vacuities and fatuous attempts at facetiousness we shall pass over. We shall only take up his ar-

gument which has recently been working overtime for the patent medicine mongers.

When a physician reports a case of poisoning with a patent medicine and uses this as an argument for the restriction of the sale of nostrums, the proprietors of those nostrums and their lackeys rise in virtuous indignation and cry out: "Suppose your patient had taken an overdose of your medicine, would you or your medicine have been to blame?" Now first of all, the patient will not take an overdose of medicine prescribed for him by the doctor. The doctor impresses upon the patient the exact dose and the patient knows that medicines are often poisonous and that it is not safe to exceed the dose. With patent medicines it is different. The laity have been taught by the nostrum frauds to look at patent medicines as not only highly beneficial, but perfectly harmless (purely vegetable!). The patent medicine frauds have been very careful to conceal from the laity that their products often contain toxic and injurious ingredients and like with the old household remedies, the laity do not think that it makes any difference if you take a little more or less. Second, when the physician prescribes a powerful remedy he prescribes it only for a few days or a week, and if the druggist is honest, he will not repeat the prescription without the doctor's order and the patient will have no chance to form a habit, even if he wanted to. Had our patient wanted to continue the hypnotic for longer than we had prescribed it, he would have been unable to do so. And that is where the most important difference comes in. The physician's prescription can only be taken for a certain definite time or as long as the patient's condition demands it, while the nostrum can be continued indefinitely.

We are not only against the sale of poisonous *nostrums* to the laity; we are against the sale of every poisonous drug and chemical, except on a physician's prescription. In Germany you cannot get five grains of phenacetin unless you have a doctor's prescription. The same state of affairs should prevail here. The sale of phenacetin, acetanilid, antikamnia, bromo-seltzer, etc., should be just as much under control as is the sale of strychnine, morphine and cocaine. The latter will kill quickly; the former poison the blood and weaken the heart slowly, insidiously, but none the less surely. Our motto should be: "No poison, either under its own name or under the guise of a patent medicine, should be sold except on a physician's prescription."

## Quack Medicines.

It is a matter of regret that several religious newspapers should lend their aid and countenance to the impositions of quackery, by advertising patent medicines. The intelligent editors ought to know that the fundamental principle of a patent *medicine* is a fraud. It is an evil, too, of enormous magnitude

in our country. Intelligent men, and especially ministers, who stand before the world as professed philanthropists, ought to exert their influence in opening the eyes of an injured community to the evil in question, and impress upon all men who value health, or who feel an obligation to its author, that when they need anything in the medicinal way, the first thing they should take is *advice*.—New York Evangelist.

Forcibly impressed with the sound sense and morality contained in the above opinion, we shall endeavor to enforce and illustrate it at this time, by some facts and reasoning, which, we believe, will not be without profit to our readers. But, before we proceed, let us ask, what would be the astonishment of the editor of the Evangelist, were he to be told that some of our editors of newspapers not only allow of the advertisement of nostrums, but so far connive with fraud, as to directly eulogize these compositions, on evidence, which, in any affair of direct personal interest to themselves, they would declare as unworthy of credence! Nay, still further, and we speak with a knowledge of the facts—these same editors, some of them critics in literature, and squeamish censors of morals, who cry out quack, quack, at the idea of a short road to knowledge; and profess to hold in abomination any sentiment ever so little variant from lofty integrity—have, themselves, not only become the trumpeters of quackery, but refused to give insertion in their papers, to a temperate correction of its misstatements, coming from a known and responsible quarter. Heroical "slashers" of remote or of feeble disturbers of the social system, and voluble declaimers against contingent or doubtful evils—these exquisite sentimentalists have no compunction in countenancing ignorance, and giving currency to an imposture, at their elbow—the most usual effect of which, taking history as our guide, is to wring from the poor their hard earnings, and to converse medicable into incurable disease, with its train of domestic distresses and bereavements.

Doesn't the above sound good and modern? Almost good enuf to have been written by the editor of the CRITIC AND GUIDE. But it wasn't. I have just discovered it in an old volume which I had picked up in an antiquarian book store. It is volume I of the *Journal of Health,* published in 1829! And so 77 years ago our good ancestors had to struggle with the same problems that are engaging our attention now.

*Nihil novi sub sole*—nothing new under the sun.

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### Good Advice.

One word about tuberculin in diagnosis. I advise you never to use it. The cases where the tuberculin test has caused a generalization of a seemingly incipient tuberculosis are by no means rare. I personally do not approve of tuberculin as a diagnostic means, because it is not infallible, is not infrequently productive

of harm, and last, but not least, I would not wish to have it injected into myself, and it is well for physicians to practice the Golden Rule. S. A. KNOPF.

This is good advice about tuberculin and good advice in general. Whenever a physician wants to try a new drug, a new procedure, or perform a surgical operation he should ask himself; "Would I be willing to try it on myself or on a dear member of my immediate family?" If the answer is in the affirmative, he may go ahead; if not, he should abstain. This is a safe rule to follow. You can never go astray—morally, that is. You may still make mistakes, but they will be honest mistakes. They will not be rash blunders or unjustifiable crimes.

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## Professor August Forel on the Sexual Question.

Professor Forel is a deep and earnest student of the complex problems of sex. He may be considered our highest authority on the subject. His books are read with avidity thruout German-speaking countries.His address delivered at Budapest, under the auspices of the Hungarian National League. Against the Spread of Venereal Diseases attracted considerable attention. From that address, a brief and somewhat veiled (in deference to English prudery) report of which was printed in the London Lancet, we cull the most important paragraphs:

Speaking of sexual ethics, Professor Forel alluded to the Malthusian system, which experience had proved to be impracticable and, in fact, it could not be otherwise, for it did not take account of human nature and was simply a propaganda of abstinence. He rejected also the views advocated by Tolstoy, who began to proclaim the benefits of continence at an age when, owing to his advanced years, he was already beyond temptation. The *artificial prevention of conception* was, however, *an ethical duty* in all cases in which the woman could not regain her strength after her first labor and in which married couples were the subjects of bodily or mental deficiency [or abject poverty—Editor]. Professor Forel did not recommend the prohibition of childbearing, but only its regulation. Healthy, intelligent women ought, he said, to bring forth many children at proper intervals. He vehemently denounced the *social injustice* with which *illegimate children* were treated and he demanded for them *an entire equality of rights.* He also spoke very severely of the terrible negligence which allowed girls to enter the state of matrimony without having previously been enlightened. He sharply criticized the existing system of prostitution and the so-called *mariages de convenance* and said that only stupidity could prevent the enlightenment of children in sexual matters. Coming to the hygiene of sexual life, Professor Forel demonstrated that ethics were here in complete agreement with hygienic laws. Everything that the ethics of sexual life claimed was at the same

time hygienic. He referred to the dangers of alcohol, which were well shown by the fact that most insane people and bodily and mentally deficient children were descended from intemperate parents. Such children have usually been conceived after the consumption of alcoholic beverages. The State organization of prostitution did not deter young men from resorting to prostitutes and rather had the effect of inducing them to do so. It therefore ought to be discontinued and marriage ought to be encouraged among young men. Men ought not to defer marriage until they had earned enuf to live luxuriously and to give parties and entertainments, but they ought to marry while they could love their wives with the fervor of early manhood.

## Talking to the Gallery.

Not for the hope or expectation of a million readers could I bring myself to talk to the gallery. I simply *can't* do it. It depends upon a person's make-up. There is nothing that excites my disgust in such a degree as the attempt of a speaker to tickle, to flatter his hearers, or a similar attempt of an editor in respect to his readers. There is some sense in patting an infant on the head; adult people are not in need of such patting. It is much more useful, when speaking to a class of people, to point out their shortcomings, the ways and means of improvement. And when the editor of the CRITIC AND GUIDE hears a professor refer to Pharmacy as the noblest of professions, he feels tired and slightly nauseous. In spite of our several thousand pharmaceutical readers, the editor is obliged to ask: What is there *noble* in the profession of pharmacy? And at the risk of offending his readers still further, he will venture to ask, in a very low voice: Is there still a *profession* of pharmacy?

## Two Wrong Views of Gonorrhea.

What can we do to make people see things in their true light, in their true proportions? On the one hand we have the fool who considers gonorrhea not any worse a disease than a cold in the head, and continues to run risks and neglect himself until the gonococcus reaches his heart; on the other hand we have the coward, who considers an attack of gonorrhea equivalent to a death sentence, who is sure that he is never going to get well, and that it is therefore of no use to undergo treatment, etc., etc. Either view is dead wrong. The truth lies midway between. Gonorrhea is a serious disease and *may* bring in its trail very dangerous and even fatal consequences, if neglected or improperly treated. Treated properly and scientifically from its beginning, gonorrhea is rather a mild disease and very amenable to therapeutic measures.

### The Heroes are Not Dead Yet.

The heroes are not all dead yet and the best examples of heroism are not exhibited on the battlefield. Professor Eiselberg, whose skillful operating we had the pleasure to witness while in Vienna, was stricken suddenly with an acute attack of appendicitis. In spite of the pain and suffering he went to his clinic, where three urgent cases were waiting to be operated. He concealed from his assistants his condition and finished the operations, which lasted more than three hours. He then asked his own assistants to examine him. They agreed in the diagnosis

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### The Short Workday.

Do I believe in the eight-hour day? Certainly. A seven or a six-hour day would be still better. There is no doubt we will get there. By working (but really *working*) six hours a day a man should and will be able to earn enuf to provide for himself and a small family. I do not, however, believe in the eight-hour (or shorter) day unqualifiedly. I should like to know, how a man spends the rest of the day. If he spends it in reading, in necessary outdoor exercise, in improving his mind, well and good. If he spends it, however, in the saloon, in debauchery, at the races, etc., then I would rather see him work 12 and 14 hours daily. Of course, this is not at all radical. And my ultra radical friends will call me a bourgeois for that. They will say that it should be nobody's d—— business, how the workingman chooses to spend his free time. They will say that it is despotic and tyrannical on the part of the goody-goodies to want the workingman to live according to their notions. May be, may be. But I have a right to my opinion. And when I see how some workingmen spend their leisure time, I cannot help thinking that humanity as a whole—and this is our only criterion—would be better off, if some sons of toil were made to work 16 and 18 hours a day. They would then have no time to get drunk, to get diseased and infect their wives, or to lose their wages playing poker.

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### Talent.

Yes, talent is a great thing. But let us not bow to talent per se. It all depends what use the talent is put to. That is an excellent saying, that "talent is like an empty bottle." You can fill a bottle with health giving liquids or with death bringing poisons. And so talent can be used for the elevation of mankind, it can be used to make this world a better place to live in, and on the other hand it can hire itself out to aid fraud, robbery, tyranny, character-assassination, etc., etc. No, it all depends what use talent is put to.

# Leading Articles

## Phimosis in the Female.

By Mary E. Bates, M. D., Denver, Colorado.

Phimosis is defined in Keating's Dictionary of Medicine, as "Elongation and constriction of the prepuce, causing difficulty or impossibility of exposing the glans penis." The word,—phimosis,—is derived from the Greek word, phimoo, meaning to "muzzle."

None of the authors whom I have consulted, have termed the "analogous condition in the female,"—phimosis. It is usually described under the heading,—"Adhesion between the clitoris and the prepuce." "Adhesion between the clitoris and the prepuce" simply describes a physical fact, which carries no suggestion of a pathologic significance, beyond the mere mechanical condition of adherence. Phimosis, on the contrary, means something. It expresses the effect, physiologically, of the anatomical defect, and suggests at once the whole pathology of the condition;—its physical, mental and moral significance.

With Phimosis (in the male) the profession is comparatively familiar. Few are so benighted as not to recognize its symptoms, and few so ignorant or careless as to neglect to investigate so possible a source of disturbance. Even the laity are quite well informed.

It is very different with "phimosis in the female." Anatomically and physiologically, the analogue has been recognized; but the analogue of effects;—of physical, mental, psychical significance,—has certainly not been appreciated; and the far reaching social meaning of this apparently simple condition,—unrelieved,—has not even been considered. It would seem an easy matter to apply the analogue practically but in the very nature of things it has probably not been possible to acquire an accurate symptom picture of the psychic disturbances presented by the reflexes of this lesion.

The cases which I will report, shed, I think, some additional light upon the subject, but before discussing them it will be well to review the anatomy and give the present status of the trouble.

Histologically and anatomically the clitoris is the analogue of the penis. "It is an erectile organ, having its origin from the posterior surface of the ischiopubic rami, arising on either side as a crus clitoridis or corpus cavernosum. These unite to form one body in front of the symphysis pubis. The secured to the symphisis by the action of the susp ment. Its circulation is influenced by the isc muscle."

Any imperfection in the machinery of the sexual consciousness that hinders its normal development or inhibits its physical expression, must needs react unfavorably upon the general constitution. Montgomery declares that imperfect or unsatisfactory copulation is a prolific source of disease. Kelly says that "adhesions between the prepuce and the clitoris are almost universally found and never give rise to trouble unless an accumulation of retained smegma causes increased vascularity and irritation."

Personally I do not remember to have seen a case in an adult which did not have retained smegma. "Never give rise to trouble unless," etc, must refer, I think, to the reflex disturbances, distinctly traceable to the irritations produced by the concretions. I have repeatedly and particularly noticed that patients who have possessed the normal sex power, have possessed an "unmuzzled" clitoris, and that none of the married patients who had adherent prepuce were competent to complete the sexual act with physiological relief.

Kelly advises the inspection of the clitorides of all girl children who have a tendency to handle the genitals; of little girls who cannot locate the source of their discomfort; and of all gynecologic cases as a routine measure.

I am quite sure that few do this as a routine measure and that most physicians never think of it at all. One reason for this, I think, lies in the fact that woman has not yet passed the stage where convention exacts ignorance of herself, and of everything else connected with procreation, as a guarantee of her virtue and wisdom. and that phimosis with its attendant reflexes and sexual handicaps do not mean so much to man, when the woman bears the consequences, as when he himself is the one afflicted.

I am convinced that adherent prepuce is a most potent factor in the prevention and perversion of the sex function development, and therefore responsible for sex indifference and incompetency which guarantees to so many an absolutely unhappy, unhealthy, unsuccessful married life if marriage be undertaken. Unfortunately procreation may still be possible in such conditions.

Under the caption, "Defects of the Clitoris" Montgomery says: "Frequently from congenital condition or from neglect of cleanliness the smegma is retained beneath the prepuce, producing such irritation and adhesions that the glans is compressed and prevented from attaining its normal size. The existence of adhesions and the retention of smegma are capable of producing quite as marked nervous phenomena as the analagous condition in the male, some of which are irritable bladder, nervous disturbances, masturbation, absence of sensation, and *convulsions.* The occurrence of such symptoms should direct attention to the clitoris as a possible cause.

Professor Montgomery seems to have a keener appreciation of the importance of this condition than any other author writing on gynecology, not even excepting Kelly.

By "nervous disturbances" we have a shot gun cause which would seem to include almost everything, and yet Montgomery's chapter on Vaginismus after reciting that "Vaginismus is a term employed to represent an abnormal hyperesthesia of the external genital organs, which produces muscular spasm; it is common in young, nervous and hysteric women and occurs occasionally without our being able to discover any source of irritation," fails utterly to suggest the clitoris as a possible source of the trouble. The same nerve supplies the vagina that supplies the clitoris, and any irritation in the whole course of that nerve and the sympathetic filaments common in both areas, could effect the peripheral action—a vaginismus exaggeration of the normal function of the vaginal sphincter.

Given a vaginismus and with it an adherent prepuce with concretions, it is fair to assume their relations as that of effect and cause. Two cases illustrate this:

Case I. Mrs. S., first married at 34 to a "man old enough to be her father." Entertained for him a great respect, esteem, and was "really fond of him."

At first she had more or less sexual desire, and while intercourse was not easy, and rather painful, it became increasingly difficult and finally practically impossible. Her husband suffered from the sexual insistence common at his age, and this with his growing lack of power to complete the act, made him irritable and morose, which reacted on her; she became anxious and worried, and in proportion as she tried in vain to please him, she developed a marked vaginismus, until copulation was physically impossible. She had an extreme case of adherent prepuce, with large concretions, great irritability, and required a circumcision to relieve.

The hypersensitiveness of the introitus vaginae was much improved by this operation but still it was not satisfactory from the marital standpoint, and I snipped the tonically contracted circular muscular fibres at the base of the hymen on both sides and secured a relief from the nervous reflexes and from the local discomfort.

By this time she had reached the limit of endurance of his hatefulness and cruelty, and lost all mental willingness to live longer with him. This marriage was a failure.

Whether the vaginismus would have developed had her husband been young and powerful, I do not know—causes are peculiar things. What they produce and what they do not depends upon so many other things.

The adherent prepuce in this case was the predisposing cause. The profession has paid so much attention to "exciting causes"

that until very lately the predisposing causes have been much ignored. "Removal of the cause" is the sine qua non of cure of numberless disorders, yet of late the profession has sought for removal the extrinsic causes, chiefly.

We know a lot, comparatively, about bacteria, and how to deprive them of human opportunities is the study of the age. But of the conditions in the body which must needs entail a waste of nerve power, and undermine the "resistance" which is the most vital of all protections against invasions from without we know lamentably little.

The same patient may present several sources of nerve waste, nerve leakage. Wherever an organ makes requisition upon the general fund of nerve force, for more power than it normally should require to perform its work, some other organ must go short. Wherever an irritation exhausts the nerve force reserves, some functions must suffer from inadequate amount of power.

The human body possesses a wonderful adaptability to unfavorable conditions, but no one can know just where the line is drawn and because no one can surely measure the process or gauge the capacity of a given individual to adjust and resist, no one can know where lies the limit of safety beyond which the "endurance" has ceased to be a physiologic virtue and nature's inevitable revenge begins.

Then, too. some intrinsic causes, anatomical imperfections, count for more than other. Causes are like cards. One cause may count for more than another and one combination of causes for more than another. Then too it depends on the game. A number of causes may operate continuously, apparently innocuously, when some last trivial straw may precipitate disaster. In removing causes one must remove enough of them to carry the patient inside of the lines of endurance. For once "endurance" has suffered defeat it takes far less to overcome it. For instance:

Case II. Mrs. W., æt. 26. Married her husband ten days prior to his departure on a ten months trip. She had a history of dysmenorrhœa, and facial acne. Otherwise fairly healthy tho not robust.

Had intercourse seven times. Had too much pain until the last two times to know much about her sexual capacity. Never had any preliminary desire and did not have pleasure. Developed irritable bladder within the week after marriage. Wanted to micturate constantly during the day and had to get up for that purpose several times at night.

Found adherent prepuce with concretions and extreme anteversion. Local massage corrected the tendency of the uterus to rest on the bladder, and separation of the hood under cocaine very greatly modified the irritability of the bladder. About the second week after treatment was begun and she was practically

well, she cried all day, and the bladder symptoms returned in force. I had evidently only carried her over the border limit and not far enough for her to withstand any considerable nerve strain from any source. I sent her to the oculist, hoping there to find another nerve leakage of sufficient moment, the correction of which would leave her power enough so that she could cry without coming to grief with her bladder. The oculist kindly demonstrated one normal eye and one with high myopia and a hyperphoria.

In this case while the adherent clitoris was sufficient in itself to predispose to the irritable bladder, given such an exciting cause; saved her only enough nerve force to keep her just on the line if she did not indulge in any other luxury of nerve wasting, such as a "good cry." She could not accumulate a reserve for such emergencies. Having enough "eye-strain" to rob her of nerve power constantly, and capable alone of effecting just such a condition of imperfect nutrition, because of insufficient nerve force, and of producing also, without help from an adherent prepuce, an irritable bladder, the relief of both ought to save power enough to effect a cure. I don't know which condition constituted the more powerful cause. She endured both without trouble except that she was "nervous" (as most women expect to be and do not think it abnormal) until the exciting cause existed. Removal of the exciting cause did not restore her nervous equilibrium. Neither did release of the clitoris.

Case III. The other vaginismus case was in a young woman of 25. She had menstruated first at 17 and had married at 21. Had always had dysmenorrhea, and backache which had been only once in a while, was now practically constant. Occipital headaches were frequent, also pain in the left inguinal region. When six months married she left her husband for a six months visit and dreaded to return. Claims to love him and to want children. Has not been pregnant. Has never experienced *libido sexualis*. Intercourse occurs once in a month or two.

Patient is very anemic, frail and unhappy looking. They tell me that the first question I asked her was "Are you one or two hundred years old?" Yet she looked more like a girl of 17 than a woman of 25 and married. A man with her expression would be marked for a "sexual neurasthenic" at once. She exhibited some morbid tendencies, being inclined to suspect everybody of sex irregularities, immoralities, etc.

She herself was suspected of malingering and had at one time received some benefit (not enduring) from a practitioner of suggestive therapeutics.

Until the cocaine found a foothold, the separation was exceedingly painful and excited uncontrollable trembling of the lower extremities which did not cease for half an hour. The clitoris was larger than normal. I have found this to be the case espe-

cially so where the concretions are large. At any rate after the parts have healed, the clitoris seems, in the language of several of the patients, "to have shrunk."

This patient had a marked vaginismus. She could not tell whether penetration had been complete or not. Her husband says it has not been. Before the parts were quite healed we noticed a very great improvement in tone, color and "nervousness."

I took the precaution to send this one early to the oculist. She discovered some astigmatism, and hyperopia and considerable muscular trouble. The patient lost her look of abject forlornness and had spells of actual liveliness and well being within three weeks after the clitoris was freed, before the glasses were ordered, and during the process of treatment to stretch the vagina, with the intent to learn whether the cervical canal held an added cause of sterility. In less than six weeks she was a "new woman."

A clitoris that is "free" may be undeveloped, physiologically, and the mere act of being "freed" does not bestow upon it its full, marital, physiological function, and it cannot therefore be expected that normal conditions will suddenly come to pass.

Just as the nerve waste, from irritations, active and reflex, gradually undermines the health of the woman, the cessation of that waste and the proper distribution of the force saved, will accomplish a gradual restoration and permit of the normal development, and consequent accessation of happiness thru sex health.

Montgomery speaks of pruritus as a symptom of all kinds of vulvitis. He gives a long list of causes and finally includes a "form of pruritus in which the cause remains undetermined." "designated as an idiopathic pruritus." He does not suggest adherent prepuce as a possible cause, yet pruritus is an expression of extreme irritation in the very nerves that are irritated in phimosis in the female.

Case IV is a case in point. Little C—— (case reported before and published in the Woman's Medical Journal) æt. 6 years. For four years had had an intractable vulvitis, which had been treated as a vaginitis with leucorrhœa, and suspected with gonorrhea.

A purulent discharge bathed the parts and kept up an irritation, which required constant care to keep within endurable bounds. She had had all sorts of local applications and for two years daily vaginal injections of various solutions, without avail.

The clitoris stood out like a whip-cord for at least an inch above the tip of the glans which alone was visible beneath the prepuce, bright red and very sensitive. The adhesions were very strong and the separation was accomplished with much difficulty. It seemed impossible to put her deep enough under chloroform

so that she would not wriggle all over the table, beyond the control of the one assistant, whenever the separation was attempted.

The vagina was perfectly normal. No discharge was seen on the following day; indeed it ceased with the operation and never recurred, even during the time when clitoris and the hood were raw and irritated from the forced separation. The cure was absolute.

Case V. Mrs. R., aged 35. Married 16 years. Had had for years an intense pruritus. Had normal sexual desire but not satisfaction, until the irritation created by unsatisfactory coitus made it unendurable and finally positively obnoxious.

Her clitoris was wholly buried as in several cases described by Kelly. Did a circumcision and created a clover shaped line of suture so that retraction should not cause constriction of the clitoris.

This resulted in complete relief of the itching for a long time. She left town within the week after and got into a RR. wreck and failed to follow directions about the care of the wound. When I saw her a year later she said that she itched but only in the one spot about as big as an elongated 10c. piece to the right of the clitoris. At this place the clitoris had re-adhered to the stub of hood remaining. She could not stay to have it remedied.

Case VI. Mrs. C——, aet. 47. 5 children. Never leucorrhoea until three months before I saw her, when it came on after an accident. The patient was carrying a heavy satchel when a runaway team jolted her off a platform and she fell three feet, landing on hands and knees. Couldn't speak for half an hour, and backache which she had for seventeen years in sacral region, was increased. There was no spinal tenderness except at 5th lumbar and sacral foramina. "Breaks" between the 12th dorsal and 1st lumbar and between the 11th and 12th dorsal. Menstruation regular, no pain, but general ill feeling. Uterus prolapsed and retroverted; cervix thickened, cystic. Patient burns, smarts and itches—vulva excoriated in several places. Clitoris concealed and adherent.

Osteopathic treatments to back, pelvic massage and manual replacement soon relieved the backache and leucorrhoea, but the pruritus persisted. Two months later, circumcision. The patient expressed the feeling of a peculiar relief when the clitoris was released. All of the adult patients have experienced the same peculiar feeling of release when the clitoris is freed; they all mention it without suggestion.

She was very well and free from itching for several months. After a series of deaths and other nerve
entailing continuous overwork, she
again. At this time there was a

body which was relieved by several good doses of Castor Oil and soda enemata. But the pruritus persisted. The clitoris was free, but small, having grown lesser since the operation. She had now leucorrhoea, the uterus being the source of an acrid flow that was the cause of the pruritus at this time. When we padded the vagina with dry cotton, the itching would cease, only to return when the pad grew wet enough to leak out on to the vulva.

Instituted measures to relieve the cervical condition and patient improved. She left town soon after and continuing treatment herself, has been very comfortable. With these tissues weakened in resistance, either condition was capable of giving rise to the itching. This patient claimed to have been practically sexually anesthetic.

Case VII. Mrs. M—., about 35, married, satisfied with her husband in all ways but has trouble sexually. No children. Several accidental abortions. Is extremely sensitive and has great desire, but no relief. Has been growing "morbid" for several years and condition is no longer endurable. Imagines that she is the greatest sinner on earth. Knows it to be an illusion, but cannot get away from it and spends hours brooding over her sins. Has often of late contemplated suicide. These spells of "blues" are growing worse and of longer duration, remittent rather than intermittent. Has brick-dust in the urine and presents the typical picture of the so-called "mental perversions of uric acid."

Setting about to discover some nerve loss to account for inadequate nerve force for the digestion processes, and naturally examining her sexual organs, I found an adherent clitoris and a very sensitive vulva.

Treatment of the toxemia was begun at once and vigorous doses of Christian sense, philosophy, and a circumcision transformed her into a rational being with some little pleasure still to be expected and her blues reduced from the deepest indigo to a mild cerulean. She left town after a couple of months and continued to improve. Her nervousness was much less but there was no further opportunity given me to trace other possible causes. Then too she had had the "nervous" habit for years and could not at once recover, perhaps never wholly recover her tone. Saw her years after and she was quite a normal woman.

Usually when a nerve specialist does not know where to look for a cause, having exhausted his resources, he labels the trouble "neurotic"—a "neurosis" and gives it up. Wrapt in the invulnerable wisdom of this ultimatum he usually resents or ignores the idea that that does not really settle it. Those words are like the general practitioner's "malaria" and "rheumatism" and spells laziness and ignorance as often as it spells the truth.

In Gowers's Diseases of the Nervous System I find this statement: "The only immediate cause of Chorea that can be traced

with any frequency, is emotion,—usually fright, rarely mental distress." "Nor is any disorder of menstruation to be recognized with any frequency to justify the assumption of a causal influence."

This sounds as if he thought it necessary to apply Koch's Rule of Proof to an ailment due to emotion.

The sexual apparatus is the headquarters of emotion, latent, perhaps, tho not always, in the child, but holding infinite possibilities.

Keating recognizes phimosis as a potent cause of chorea in little girls also.

Case VIII. Little Dot; age 7. Chorea typical. Examined, and had her examined for all sources of reflexes. No fright or other emotion. Had been very nervous for some time before the choraic symptoms developed. No imitation. Had seen a girl so afflicted a year or so previous to onset of her attack.

Found phimosis and under circumcision released a very large and sensitive clitoris, and several large concretions. The corona was surrounded with parls of smegma. As with the other little girl, the instant the bright red tip of the clitoris was touched she would come out of the chloroform. This patient seemed to sense with her mind just what was going on at the instant that she would awaken and look at us. It was difficult to keep her under sufficiently to permit the manipulation of separation. She made a prompt and excellent recovery. No other possible cause could be discovered.

Case IX. One of the most interesting of these cases illustrating the possibilities of phimosis in the female for harm, is that of Miss B. Miss B. was 33 when I first saw her. She has been "nervous" ever since she can remember. With the developments of puberty she became conscious of herself sexually. Krafft-Ebing says that sexual desire during the years of maturity is a physiologic law, and she was conscious of obedience to that law.

As a child she had irritable bladder, and enuresis. Several times a year, depending on circumstances, she has had nocturnal emissions. At many other times she has been awakened by peculiar sensations that she came to recognize as the same in kind that in the dream-state preceded the orgasms. She has always had very high ideals and has succeeded in keeping free from voluntary self-pollution.

She has been much worried about her condition and has been somewhat morbid at times when under stress. She has loved, or thought she did, several times, and is anxious for a home and family.

She is afraid of herself and for whom she feels attraction, and thi[illegible] seem "queer." She has l[illegible]

physician gave her intra-uterine galvanism. She had an antipathy for this man and experienced a decided vaginismus at each sitting and stopped the treatments. There was no libido with the vaginismus.

This patient has had some curious reflexes. For instance, a hypersensitiveness to odors. She remembers odors for years. Just the thought of some disagreeable odor that has made her sick to her stomach will cause nausea. She actually retains in her nose the smells that have so affected her for days and return to the place where she smelled them brings them back as vividly as before, even when the odor itself is no longer there. She always has nasal catarrh just before menstruation. Her clitoris was strongly adherent and there were some concretions.

The parts were very sensitive. During the days occupied in the healing process while the irritation was considerable she had a sensation of being tied down, tethered by a short rope, bent over as a bow is by the string. Her shoulders were pulled forward. She has always had the same feeling whenever she had a secretion from sexual desire. During these post-operative days she had pain in the pharynx, under the ears, and at the base of the brain all round except in the back of the base. This disappeared as she got well. She thinks, as she analyzes it herself, that she always had the adhesions, but that it made no trouble until she rode a wheel. The seat as constructed made pressure on the clitoris. This irritation increased her sexual desires. She used to sing—an expression of well being. For years she had not, and had wondered if she ever would sing again. Since the clitoris is free she sings. She suddenly found herself singing, with perfect spontaneity as she had sung years before. While the irritation was on from the operation she noticed that for the first time in her life she had tremors of the hands. She remembers knowing two boys, children who were said to masturbate, and she asked if that was why they had the tremor of the hands. The irritability of the bladder also returned to considerable degree, and disappeared as the wound healed. The night after the separation of the hood, she had a distinct contraction, a muscular spasm of the muscle of the inguinal regions, and felt a forcible expulsion of fluid at the vaginal orifice. This was different from the experience during orgasm. She felt the fluid as far as the clitoris and examining found it to be as she felt it.

She has acquired a different attitude and is no longer at extreme tension. Her nervousness subsided gradually. How much of her nervousness will abate, and how far she can recover time alone can tell.

Krafft-Ebing has said that many of the details bearing upon the psychology of the sexual life can not be known until medical women take up the study of the subject.

That a woman has the same right to study and to practice medicine is no longer a mooted question. But there has always been a greater reason why women should do so—indeed it is the primal reason, a fundamental one, and the assertion of her right is but a supporting argument.

The reason is that because of her sex, a woman doctor should be able to bring to the solution of the problems of women patients a peculiar knowledge and wisdom and power which is much needed and which no man can achieve, because he is a man.

There is no source of unhealthfulness and disease so potent as unhappiness and no source of unhappiness so powerful and so universal as imperfect sex conditions.

Because she is a woman, the woman physician in practice will have little concern with the sexual problems of men. She is "locked out" from this great realm of human misery.

But sexual organs, sexual life, sex problems, and sex diseases are not the exclusive properties of man. Woman shares with him all of the sex responsibilities, and unfortunately for her they are more of her life in every possible way than they are of his. "A woman's love is her life," and all of the physical, mental and psychical attributes of love work together in havoc or harmony, under the social system of today, absolutely without direction, discipline or comprehension.

It is practically an unexplored country; and the woman physician who will not heed the call, who refuses to qualify to put forth a helping hand, shirks her responsibility and fails utterly to "make good."

Many medical women have cherished the ambition to be consulted solely because of medical attainment. They preach the doctrine that there should be "no sex in medicine." That a woman should be a physician and not a "woman physician." Some day she will awake to the discovery that she is employed because she is a woman.

And she should be a physician, too; she should have equal opportunities with men for education and development, and she does have them now—almost—but so long as there are men and women patients there will be sex in medical problems. A "woman physician" should find something in that name beyond the mere announcement of her own sex. If it meant no more than that, she might be permitted to resent it. But it has a far greater significance. It should carry the higher thought that the woman physician is the response to the inherent need of her sex kind for some one to comprehend her sex construction; to appreciate her sex limitations and deviations; to realize her social conditions, her physical, mental, and moral sex responsibili some one to minister to her mind, her soul, as well as to her fl and to point the way to woman's sex freedom and sex respect; and to lend a hand.

Silence on the sex psychology of patients is a mockery of "modesty." Women discuss such things with one another; they always have and always will, and it would be far better for all if what they said were the right thing, instead of the wrong thing as it usually is.

With their children, women are silent, and the centuries are strewn with countless millions of young and beautiful victims of this conventional "modesty" (?), this fiendish ignorance and bigotry.

About this, the greatest force in life, which has more to do with her health and happiness than all other things combined, women know not what to teach or how to teach it. How can they ever know if women physicians neglect this great opportunity, this sacred duty?

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## The Function of the True Pharmacist.*

By S. Solis Cohen, M. D., Philadelphia.

Let me congratulate the members of the Philadelphia Branch of the American Pharmaceutical Association on the important step they are taking to restore the practice of pharmacy in Philadelphia to its elder and more fitting status among the learned professions. It seems to me time that a larger and nobler meaning be given to the term "pharmacist." The true pharmacist has a high function to fulfil—a much higher function than drawing soda water or handing out "proprietaries" over the counter. When the physician ceased to collect and prepare the drugs that he administered and turned over to the apothecary that important duty, in order to devote more time to his own special studies of diagnosis, pathology and therapeutics, the apothecary became charged with all the responsibilities concerning medicaments that theretofore had rested upon the physician. In the evolution of science and of art, the responsibilities both of physician and of pharmacist have become greater, not less. The individual pharmacist can no more shift these duties upon the wholesaler's or manufacturer's shoulders than I can shift my responsiblities to my individual patient upon the shoulders of Jefferson Medical College, or the County Medical Society, or a medical syndicate organized for commercial purposes. The grocer, or the notion dealer, or the six-dollar clerk in the department store, has sufficient knowledge to take a package from the shelf and hand it to a purchaser, or even to decant a portion of it into another container. To do this requires merely the ability to read a label—or perhaps only to recognize a picture. As a physician I look to my brothers of the pharmaceutical profession for greater knowledge, greater skill, and greater assistance than I can get from the grocer's clerk or the errand boy. I am in the habit of consulting with friends in your profession—and I see here some of those who have thus aided me—concerning new drugs introduced from time to time, new uses and new preparations of old drugs, the

*Read at opening of Philadelphia Branch of A. Ph. A.

possibilities of new combinations of drugs, that may have been suggested by the exigencies of a special case, as well as incompatibilities, methods of administration, and other matters in which the physician must in greater or less degree depend upon the special knowledge, training, and skill of the pharmacist. In return, I have been complimented by their inquires on matters concerning which I may have had special information of use to them. There is no reason why this pleasant relation of confidence and mutual assistance should not exist between all physicians and all pharmacists worthy of the name.

Certainly nothing will do more to extend it and to advance the best interests of the profession of pharmacy than the formation of such an association as you are now about to form in Philadelphia, and the determination on the part of the practising pharmacists to maintain a high professional level as scientific men and to resist the conversion of their professional standards into trade standards. I do not intend hereby to cast any slur on trade or tradesmen; I honor both and admit the indebtedness of mankind to both; but it is a fact that standards differ. The standard of the fiction writer is not, or ought not to be, the standard of the medical author, and the standard of trade, "buy cheap and sell dear," is not and ought not to be the standard of the practising apothecary. And here I may touch upon a personal and practical matter concerning the ability of the physician to know the pharmacist as distinguished from the drug-and-soap-seller. It is impossible for every physician to know every pharmacist or even to know who is in charge of the prescription desk at a certain drug store. Frequently I am asked: "Shall we take this prescription to so-and-so at the corner or shall we take it down town?"—or up town, as the case may be. Now if I can have a list of members of the local branch of the American Pharmaceutical Association, and so and-so's name appears there, I can be reasonably sure that prescription and patient will be safe in his hands; that, for example, when I prescribe infusion of digitalis he will not thwart my purpose by dispensing a dilution of a fluid extract bought from some wholesaler, but will give a real infusion made from the best leaf obtainable; that when I prescribe an imported crystalline strontium bromid, he will neither fraudulently dispense an impure domestic salt which will make my patient vomit, nor stupidly substitute fluid ounces of an imported solution for the solid ounces ordered of imported salt. I am citing only a few of many such instances that have actually happened when my prescriptions have been taken to patent-medicine and perfumery stores masquerading as pharmacies; and you will admit that these instances justify me in the direction to take such a prescription to some definite drug store where I know scientific pharmacy is practised.

Do you realize, gentlemen, how much the progress of practical therapeutics lies in your hands? If, because of an impure or perfect preparation, a drug that I have chosen after cor

thought, as the one best adapted to the particular conditions of a special case, fails to give relief, not only the individual patient suffers, but also my professional judgment is misled as to the practical effect of the remedy; and every other patient that comes under my care is to that extent deprived of a possible agency of relief. I am misled also as a teacher and as an author. It is for this reason that when such disappointments happen in cases in which I am reasonably sure of my ground, I say, "Well, here's another prescription; take it to so-and-so." I don't say that the first druggist is at fault; I don't know that. But I determine to give my patient and my science the benefit of the doubt rather than abandon what seems to be the best line of treatment. In chronic cases we can often thus protect ourselves. But how about acute cases, or how about sudden emergencies in chronic cases of heart disease, in which the effect of musk, for instance, may, as I have repeatedly seen, snatch a patient out of the jaws of death, and in which the dirt commonly dispensed for musk is worse than useless?

A tremendous responsibility rests on the conscientious pharmacist. He is always the active assistant of the physician; he is frequently the pathfinder and guide of medical progress in certain directions. Therapeutics, so far as it relates to drugs, must advance in the future thru the active and intelligent cooperation of chemistry and biology, of pharmacy and medicine. In such advance I look to this society confidently for leading and for light.

# Therapeutic Notes

### In Lobar Pneumonia.

Dr. A. J. Mathison says that the common occurrence and great mortality of lobar pneumonia makes it "absolutely immoral" to neglect to report advance in the treatment of this disease, once that advance is seen to be real. He advocates the following combination:

| | | |
|---|---|---|
| Creosote ..... | 20 | minims |
| Alcohol ..... | 1½ | drams |
| Potassium iodide ..... | 1 | dram |
| Fluid Ext. of Licorice ..... | 3 | drams |
| Water .....ad. | 6 | ounces. |

A tablespoonful every 2 hours.

On refilling the prescription, the creosote should be increased to 30 or more minims and the alcohol up to 2 drams. When signs of cardiac weakness supervene, it is advisable to add ammo-

nium carbonate and also strychnine. He admits that there is nothing new in the use of creosote and potassium iodide in pneumonia, but when combined they form a formidable foe to this disease, and he asks the profession to give this simple treatment a trial.

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### Atropine and Strychnine in Seasickness.

Brig. Gen. Dr. Alfred C. Girard, in a report presented to the last International Medical Congress (J. A. M. A. Vol. XLVI, No. 25) claims that in a combination of atropine and strychnine we possess a specific for seasickness. He advocated the remedy as long ago as 1888, and at his suggestion many physicians have used it with favorable results. The doses he uses are of atropine sulphate 1-120 grain (½ mg) and of strychnine sulphate 1-60 grain (1 mg). This dose given hypodermically is, according to his observations, almost in every instance borne well by adults, and as a rule, causes no disagreeable sensation. This may be taken at the commencement of a voyage, or when the sea commences to be rough, or at the advent of a storm when the motion of the water causes nausea; this dose is at times not sufficient with persons refractory to the action of belladonna, and he has repeated it twice at hourly intervals before incipient dryness of the throat, or disturbance of vision warned him that atropinism had been reached, when in every instance of the doctor's observation the symptoms of seasickness disappeared. Other observers found this dose in rare instances too great.

The advantage of hypodermic medication is the rapidity with which the effect is produced, and the certainty that no accumulating action need be feared, as is the case when the remedy is taken per os—perhaps too late to prevent nausea—and possibly remaining in the stomach undissolved, without apparent effect, when it might be followed by a second dose, both operating together and acting in too severe a manner.

As a rule, one dose is sufficient for a whole voyage, apparently overcoming the disturbance until the voyagers acquire their "sea-legs," but in a long trip with severe weather, occasional doses are required to keep up the effect.

The rationale of the treatment may be found in the stimulating effect of the atropine on the circulation in the brain, while the strychnine causes a similar action thru the spinal chord in the respiration.

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## The Intravenous Injection of Collargol in Puerperal Fever.

By Dr. Paul Hocheisen.

Assistant at the University Gynaecological Clinic, Berlin.

Dr. Hocheisen details the histories of 52 cases which he had in the Charité during two years, dividing them into the following groups: I. Sapremic and septic endometritis. II. Phlegmasia alba dolens. III. Pyemia. IV. Septicemia. V. Metritis dissecans. VI. Adnexal tumors and parametritis. VII. Peritonitis.

While in most cases of sapremic and septic endometritis the effect on the temperature was not very marked, the pulse usually became slower and stronger and the general condition always improved.

In phlegmasia alba dolens there also was general betterment, and the chills ceased so suddenly when collargolum treatment was instituted that the effect must be ascribed to the remedy.

In the 13 cases of pyemia 3 died; but two of the fatal cases were moribund on admission, and the third was hopeless from the first. Six of the cured cases were of the severest type and their recovery was undoubtedly due to collargol. All other resources were, of course, also used, the use of stomachics playing an important role; but collargol proved to be the very best stomachic—a fact which demanded recognition again and again. Perhaps the most important immediate effect was the subjective improvement. The effect is best seen in the worst cases, with pneumonic processes and endocarditic ulcerations. Here its action is sometimes fairly marvelous and cannot be justly depicted in the histories. These cases were formerly almost always fatal.

All the septicemia cases died; nor did collargol seem to have any effect in the three in which it was tried.

In metritis dissecans collargol cannot, of course, influence the process in the uterine muscle; the utmost it can do is to combat the general infection.

As to adnexal tumors and parametritis, Hocheisen cannot confirm the resorptive action of the drug on infiltrations and suppurative foci that some observers recorded. When fever is high, collargol is beneficial by its antifebrile effect and favorable influence on the general condition. It is most valuable, however, before localization of the process occurs and when general infection is threatening or already present. It may also be that it hastens localization.

In three peritonitis cases in which collargol was used it did not show any effect.

The puerperal mortality in the Charité during the two collargol years was much below the mortality in any other year of the past decade, especially if only the pyemia, septicemia and peritonitis cases are considered. In these the mortality in the collargol years is 27 per cent. less than the ten-year average; it is 19

per cent. less than in the best other year and 45 per cent. less than in the worst. Nor were the collargol cases lighter than usual; rather can it be said that good results were attained despite unusually severe types. The pyemia cases gave a mortality of 23 per cent., as against the ten-year average of 58 per cent. The timely intravenous injection of collargol would save many otherwise fatal cases.

Hocheisen concludes: Collargol, while not a specific, is an invaluable aid in suitable cases. It diminishes the temperature, stops the chills, effects subjective and objective improvement, induces a welcome diaphoresis, stimulates appetite and produces sleep. Very often it diminishes the pulse-rate and regulates blood-pressure. Its special domain is pyemia, where it minimizes the mortality. Endocarditis and septic pneumonia seem especially susceptible to its influence; the finding of collargol on the ulcerated cardiac valve in one of the autopsies perhaps points out the way in which it acts on septic foci and thrombi reached by the blood current. Possibly, it inhibits the decomposition of thrombi; probably, it favors the localization of processes that have extended beyond the uterus; certainly, it combats the progress of the general infection. It is therefore indicated when there are signs of a beginning general infection and as long as thoro localization of the disease process has not occurred.

Three to 5 cc. (45 to 75 m.) of a 2 per cent. collargol solution or smaller amounts of stronger (up to 5 per cent.) solutions should be injected intravenously on two or three consecutive days. This usually suffices, but the injections can be repeated as desired. The technique is simple; if the insertion of the needle into the vein thru the stretched skin does not succeed, the vessel is laid bare. The injection is painless; if pain is felt or the skin at the site turns blue, it has been subcutaneous, is inefficacious and occasions infiltration.

Quite recently Prof. Bumm had two cases of grave pyemia in his division treated with collargol, and their favorable course confirms Hocheisen's observations.—[Med. Klinik, 31-34, 1906.]

## Estoral.

Estoral is a compound of boric acid and menthol. It is a white crystalline powder with a slight odor of menthol and stable when dry. On boiling with water the substance is decomposed into boric acid and menthol, and it is stated that a similar decomposition takes place when estoral is brought into contact with the mucous membranes. It is recommended as an insufflation in dry rhinitis, in simple atrophic rhinitis and in mild forms of acute coryza.

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### Taking Imprint of Foot.

At a recent meeting of the New York Dermatological Society, Dr. Piffard (J. Cut. Dis.) demonstrated this method, for which, however, he did not claim originality. A piece of paper is coated with a 5 per cent. solution of potassium ferrocyanide (yellow prussiate of potash) and allowed to dry. The foot sole to be taken is coated with a solution of tincture of ferric chloride. The patient then stands upon the paper and a blue print develops. [Due to the formation of ferric ferrocyanide or Prussian blue.] It shows all the lines in detail of surface which comes in contact with the paper (which is on the floor).

### Mercauro.

Dr. R. P.—In reply to your letter, this is my opinion based upon knowledge:

It is positively untrue that mercauro or arsenauro can be manufactured extemporaneously by the retail druggist. The imitations which are offered by unscrupulous firms as substitutes for mercauro and arsenauro are inferior to those products chemically, pharmaceutically and therapeutically. Insist upon getting the genuine products, in the preparation of which infinite care is taken; you hurt your patients and your own prestige by allowing inferior substitutes to be dispensed.

## Letters to the Editor.

### The Doctor's Tribulations. By Justitia.

The Doctor sat in his office, poring over his ledger, instead of spending his spare moments, as usual, reading the medical journals of the day, thus keeping up with the times, as every progressive physician must do.

He was an energetic looking man of about fifty years, a busy, successful physician; yet the gray hair and deep lines of anxious care foretold that not many years hence there must be a cessation of the nervous strain and hard work forced upon the conscientious man.

The bell rings, and he arises to admit a reporter from one of the large daily papers, eager for points in the way of science, to make a good article for the Sunday edition.

"Good morning, Doctor, what can you give me in your line, this morning, in the way of scientific research?"

"You have struck the wrong man, this time, my dear sir," said the Doctor, "for I am, as you see, engaged in restrospective work, rather than in any of the therapeutical or surgical possibilities of the future. There are some pertinent questions, however,

lodged in this brain of mine, which I would like to propound to you, a practical man of the world, accustomed as you are to viewing all sides of a question or theory."

"Fire away, Doctor, and I'll do my best to give you some sort of an answer," replied the newspaper man, wondering what was coming, as he had heretofore found the Doctor always ready to talk on any of the "isms," "pathies" or questions of the day.

"Well, can you tell me why the Doctor is always the *last* person to receive payment for his services, and why it is that the patient, when presented with a legitimate bill for services rendered, often seems to take it as a personal affront? The average physician is faithful, sympathetic and conscientious in his attendance upon suffering humanity, and we might naturally suppose him more entitled to gratitude than one in any other profession. In some instances he may be the recipient of grateful thanks, immediately after he has relieved the sufferer from unendurable agony, but as a rule, it is soon forgotten, and when the patient is able to travel, he goes to the seashore or the mountains to recuperate, leaving the poor Doctor to fight the battle with disease and the bill collectors. The patient cannot bear to meet the business acquaintances daily, and feel that he is in any way indebted to them, but he seems to be free from the same embarrassment, when he meets his medical advisor. He forgets that the Doctor must keep up his drugs and office supplies, bandages and appliances of all kinds, so as to be prepared to treat him, in whatever emergency he may present himself before his physician.

The Doctor is expected to respond promptly and cheerfully, to all calls made upon his time and skill, and with much less security than men in any other business would care to accept. He is awakened in the dead of night, to go long distances, in all kinds of weather, often without the least assurance of receiving a cent for his exertions.

I have often noticed that the dead-beat usually puts off calling the Doctor until after midnight, and he is the one who always calls the loudest for him to "hurry up." And right here, let me add, the nurse in attendance, in most cases, receives her pay before leaving the house. In fact, she insists upon it and it is taken as a matter of course that the nurse should be paid before the Doctor, which hardly seems fair, but so it is.

When the client consults his lawyer he is told that he will undertake the case for a stated amount, but before doing so, he must be paid a retaining fee of twenty-five, fifty or even two hundred dollars, as the case may be. Whoever heard of a physician in good standing presuming to take such a step, toward securing himself, upon undertaking a case requiring much skill and attention? We know the d
and yet, is not the one case a
he may win for his patient,

interests far more important than those of any lawsuit,—the legacy of health, happiness and the longevity of generations to come.

Speaking of advisors, do you know, we are very often called upon to take the place of legal advisor in cases of family disturbances? Probably one reason for this is to avoid publicity, for they know the true physician never betrays his patient's confidence; however, were they to spend hours of consultation in a lawyer's office, as they often do in their physician's private room, they would expect to pay for it; but let the Doctor charge them even a moderate fee for his time and advice, and they would consider themselves much imposed upon.

It is amusing to see what excuses will sometimes be trumped up for not paying the Doctor. I was called one night at two o'clock, to see a poor, abused woman, who had taken poison, reaching there only in time to pronounce her dead. Knowing they were in poor circumstances, I charged the husband only the usual fee for a day visit; several months afterward, he reluctantly paid the bill, after remarking that "all the Doctor did was to come and look at her, and say that she was dead."

Others complain when cured by a few doses of medicine, of having to pay the usual prescription fee for so *small* a bottle. They overlook the fact that they are paying for skill and knowledge more than for the medicine itself.

I will admit that we doctors, as a rule, are poor business men, and one reason for our slow collections is that we dislike so much to crowd our patients for money; it seems somehow to be characteristic of us; in fact, we are sometimes called the "easy mark." A great deal is expected of us. People seem to consider a doctor's telephone as intended for public use, but the height of assurance was reached one day when a woman claimed the privilege of using my telphone to call another physician to her house.

Opie Read has tersely expressed my idea, regarding our tardy collections, thus: "Settling doctor's bills is like paying for a January overcoat in July." I might add the old saying: "It is like paying for a dead horse."

Now, of course, our patients are not all so careless in this respect; if they were, we doctors could not exist, but as a rule, people in very moderate circumstances, and often the poorer laboring class, are the most conscientious about meeting their doctor's bills. In some cases, their efforts to do so are pathetic, and we feel like brutes in accepting their hoarded savings, but you may depend upon it, we make the size of our bills proportionate to their earnings.

Just one point more, and I am done with my tale of woe. In *this city there* are many demands on one's purse for charity, *church work,* relief for the poor and needy, yet you would be

surprised were I to tell you of all the charity work which is done by our profession, entirely unknown to the public, and for which we rarely get any credit; but perhaps we shall receive our reward in the next world, if not in this one, so let it pass—my homily is done.

The newspaper man, who had been much interested, drew a long breath, as he arose.

"Well, Doctor, you certainly have given me food for thought, and I shall most assuredly give the dear people the benefit of the same. By the way, here is five dollars for that night visit you made me when I had that deuced spell of colic," and without waiting for the Doctor's thanks, he hurried away to write up his article on the "Trials and Tribulations of the Average Physician."

Denver, Col.

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**Doctors' Signs and the Prevention of Conception.**

Dear Dr. Robinson: In regard to doctors' signs, (CRITIC AND GUIDE for July) I certainly assume that a specialist has a perfect right to, yes, ought to, mention his specialty on his sign. No reasonable or sane person can object to that. But there is another phase of this question upon which I would like to get your opinion, Doctor. See inclosed card. I am in general practice, but have been giving considerable attention to eye, ear, nose and throat work and on my cards and sign state that I (also) treat eye, ear, nose and throat cases. I make this statement because the majority of the laity do not know that a physician in general practice also covers this field—especially eyes—refraction, etc. I do not claim that I am a specialist in these branches, not even that I give special attention to them. Still the physicians here object to my announcement (card-sign); there has been considerable agitation and the matter is still unsettled. I feel that I am not infringing on anybody's right or privilege and that my action is perfectly legitimate and honest.

In regard to the Sterilization of Women, I presume it is meant or understood to interrupt the Fallopian tubes only when the wife is at fault (in ill health, etc.) and not to protect her from conception from a diseased or degenerate husband. In the latter case I presume the proper thing to do would be to *interrupt the vas deferens.* Here the important question arises, does this simple procedure affect the sexual desire and ability (erection, orgasm, etc) of the individual unfavorably? It has been claimed that it does not, but so many things are passed along without foundation, that I would very much like to hear what know[illegible]ding the effects of this operation from personservation. Very little could be urged against [illegible]s no untoward effects.

[illegible] truly yours, L. F. SCHMAUSS, M.D.

P. S. I thoroly agree with you that pre vention of conception is the cure for the prevailing abortions and rearing of undesirable offspring.

[I see no objection whatsoever to your statements on your sign or card. Still, here in New York the thing would be considered unethical, and it is best not to run counter to the opinions of the majority of the profession—unless you are strong enuf to stand all alone.

The results following the operation you are referring to are insignificant—and must be disregarded. If the person is for some reason or other so "bad" that the operation is indicated, then he must be willing to suffer some inconvenience.]

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## The Physical and the Spiritual.

By Charlotte Abbey, M.D, Philadelphia.

He who is a believer in the evolutionary forces of life can never be morbidly introspective; it is ignorance in regard to natural law pertaining to the human race that fills this world with sorrow and disease, instead of joy and health.

When has it been practically taught to children that the functions of bodily life—eating, drinking, sleeping, breathing and reproduction—have to be held sacred to the purposes for which they are intended, thru control of the senses?

Every child is taught that he possesses five senses, but he is not taught the relationship that exists between the senses and the sympathetic nervous system, and is not led to perceive how wrong thought indulged in causes abnormal action of the circulation, thus giving rise to conditions that breed disease.

A child must clearly understand that it is not his fault that wrong thoughts come into his mind, it is only his fault if he encourages them—that temptations are good for us because they strengthen our will power for good; that the soul dwells in the body for the purpose of changing all those tendencies that are harmful to the race into those that are not harmful; cruelty has to be changed into gentleness, hatred into love; deceit into truth; idleness into usefulness; impatience into patience; lust into purity.

Just as wholesome food, when taken into the body, is converted thru the processes of digestion into the blood that nourishes us and builds up the body, so normal mental activity, the product of the emotional and intellectual principles being kept in union, give conditions whereby the fluids of the body under the influence of the subconscious or sympathetic nervous systems build up greater brain power.

Intellect is dependent for its growth on the activity of the senses, but unless intellect is obedient to the harmonious moral law, degenerate action takes place, for the functions of life are not held sacred to their special uses—the senses minister to de-

sires bred of physical pleasures and thru this limitation cannot unfold or mature higher physical powers—for the blood, when it is not drawn to the higher centers of the brain thru normal activity, becomes congested in the lower ones.

Humanity, therefore, can only be perfected thru all bodily and mental functions becoming obedient to moral law—this physical world is God's school for us.

These are but fragmentary thoughts, but in this materialistic age they need be carefully and frequently considered.

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## The Sting of the Patent Medicine.

Dear Doctor: You and others are doing great work against "patent medicines," but it appears to me that much of it is misdirected. When the "open formula" was first mooted the makers were unitedly opposed to it, and perhaps the most vehement in opposition was Dr. Pierce of Buffalo.

But after a bit they saw the true inwardness of the matter; then Dr. Pierce revised his formulae, among other changes substituting glycerine for alcohol, and published them with a great show of candor, citing well-known medical authorities as to the medical properties of his ingredients, all cunningly phrased to make it appear to the lay mind that these medical authorities approved and recommended Dr. P.'s preparations. Thus with devilish ingenuity he turns the open formula, which had filled him with dread and us with hope, into a means of still further deceiving the credulous sufferer. The Ayer people and others also revised and published their formulae. We want the formula, of course, not for the information of the general public, but for the information of properly constituted officials, as indicated further on.

*The Sting of the "Patent Medicine" is in its Tale*—the wonderful tale told in the newspapers, magazines, circulars, etc. There is nothing to surprise one in the fact, if it be a fact, that Dr. P., after getting his bearings, promptly conceded the formula, but begged on bended knee that he might be allowed to keep his tale.

In British Columbia we have say 350 medical practitioners, who hold themselves ready to serve the sick or wounded at any hour day or night, and who earn two dollars for every dollar they actually get. And we have a College of Physicians and Surgeons, and a Medical Council whose duty it is to see that none practise unless registered, and that registrants conduct themselves to the satisfaction of said council under pain and penalty of suspension or expulsion. And we have a large army of quack medical men who ply their calling without let or hindrance, and who make dollars where registrants make cents.

They get not up in the night to minister to the sick, neither do they take out a license or pay fees, and yet I say unto you that Solomon in all his glory was not arrayed like one of these. He sits in his luxurious office and "toils" on one of those wonderful ads which is at once a diagnosis, a prognosis and a prescription. This ad. is constructed on the 24-tools-in-one principle. So ingeniously is it worded that the sick man who reads, no matter what really ails him, thinks he knows at last just "what's his disease and what will mend it." He cuts out the "prescription" and hands it to the chemist, by whom it is filled as promptly as though it were an M. D.'s, but with less trouble and vastly less profits.

Of the legislation proposed so far, some might scotch the snake but none would kill it. I suggest the appointment by the general government of a Board composed of distinguished physicians and chemists, whose duty it would be: To receive and file approved working formulae of proposed popular remedies; formulae not to be divulged or published expect for specified reasons. To receive and file approved advertisements and other matter intended to promote the sale of approved remedies. Under this head the board would forbid extravagant statements and see to it that ads accurately described the sphere and range of action of approved remedies.

The long and the short of it is that to accomplish anything worth while we must curtail the tale.

Lillooet, B. C. Sincerely yours, Sibree Clarke.

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### Why Our Propaganda is Approved.

Dear Doctor: I wish to cite a case as a reason for my approval to your propaganda. A year ago, a mother of four children, the eldest barely five, came to me to find out a preventative of conception. I gave her the best I knew, but there is another baby now, and the mother is with beginning tuberculosis. Is it any wonder? And just the other evening I was present at the fifth arrival in another family in which there is only one in school, and the mother's lament was: "If I only knew this was the last!"

God bless you in your crusade, and if I was a good Methodist I would certainly say "Amen" to everything I have ever read in the CRITIC AND GUIDE.

Yours fraternally, F. W. STEWART, M. D.

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The CRITIC AND GUIDE is not sold by weight. There are journals five or ten times as heavy as the CRITIC AND GUIDE and costing only one dollar a year. And if you judge of your reading matter by its weight you should subscribe for the heavy journals. But do you know that some of the heavyweights are very much lightweight?

MEDICO-PHARMACEUTICAL

# CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1. Single copy, 25c. Foreign, $2.00; 8 Sh.; 8 Mks; 10 Frcs.

The Editor of this Journal writes his own editorials. He says what he wants to say an n the way he wants to say it without reference as to what Mrs Grundy will say or think The Editor is responsible for his own opinions only. He alw.ys tells the Truth, o what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. VII. NEW YORK, DECEMBER 1906 No. 6.

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## A True Story with a Moral.

I have a good friend, a druggist. I have many friends among the druggists. This particular druggist is a very bright man and occupies a prominent position in his profession. Like all, or practically all, druggists he is violently opposed to all proprietary remedies. He is very emphatic in his condemnation of and contempt for physicians who prescribe preparations of proprietary origin, no matter how valuable. He is very active among his neighborhood physicians in inducing them to prescribe the U. S. P and N. F. preparations only. He thinks those two books contain all the remedial products for the treatment of human ills and the physician who goes outside of those two books is—well, never mind what. He feels somewhat aggrieved at the Editor of the CRITIC AND GUIDE because the latter claims that the duty and sole duty of the physician is to prescribe what is best, or what he thinks is best (for he is the sole judge) for his patients, regardless of the fact whether the drug is official in the pharmacopeia or not and whether the druggist makes 5 or 50 per cent. profit on it. The physician's sole duty is to his

patient and to nobody else. All other considerations are secondary and trivial. As I said, this particular druggist, tho very friendly, feels aggrieved at me for my attitude on non-secret proprietary remedies. Well it recently so happened that the gonococcus of Neisser found lodging in the urethra of that very particular druggist (yes, he is married, tho this has nothing to do with the story). Without regard for the position of his host the gonococcus proceeded to work havoc in his lodging place, and my friend came to me in high excitement, with fully developed symptoms of a severe acute urethritis. Having assured myself by microscopic examination that it was a case of true gonorrhea, that gonococci were present in great abundance, I proceeded to treat him. But before doing so, I showed him three solutions. One was a solution of silver nitrate, the other two were solutions of proprietary non-official organic silver compounds. "I can cure you," I told him, "with the silver nitrate solution, but the treatment will be accompanied with pain, considerable discomfort, and will take considerably longer than with these salts. I must also caution you that the reaction from silver nitrate in acute gonorrhea, even in exceedingly diluted solutions, is sometimes so severe that treatment must be suspended for a time. Complications such as epidydimitis, prostatitis, etc., are also relatively much more frequent under its use. These organic silver products are non-irritating, and in the treatment of acute gonorrhea are in every way preferable to the silver nitrates. But they have one great disadvantage." "And that disadvantage is?" interposed our patient. "The disadvantage is that they are non-official, proprietary, trade marked, monopolized products; and I don't suppose you will permit me to use such remedies on your person." He laughed heartily: "I don't care what you use as long as you get me out of this scrape as quickly as you can." I did. But I had to use two or three more proprietary products before he got well. And my friend is not quite so rabid now.

The moral: Reason it out yourself.

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### Wobbling on the "Race Suicide" Question.

*The Courier of Medicine,* tho published in St. Louis, is a good journal. Many of its advertising pages are rotten (it carries even the infamous ad. of the James Alkaloidal Co.), but its reading pages are ethical, well edited and instructive. In its November issue there is an editorial on Race Suicide, which is a beautiful example of how the average medical editor is apt to wobble on any question which is not moss-grown and commonplace. Says the editorial: "It is one of the ironies of human destiny that race suicide promotes peace, and a recent writer has tersely declared that the stork is the greatest enemy of the dove of peace. Those nations who have a high birthrate, sooner or later, are bound to cross the limits of their country in search

of food, and, hence, war is inevitable. The nations of the earth who practice the methods resulting in the lessened birthrate clamor for peace. The moralist who insists on peace among the nations and at the same time decries race suicide is, therefore, promulgating elementary contradictions."

Having said so much, the editor got nervous lest some of his readers might interpret his words as a justification for the regulation of reproduction or the prevention of conception and he, therefore, hastens to add: " We have no patience, however, with certain medical journals who countenance the prevention of conception and the induction of abortion as a necessary evil of the age."

Now this is silly and the latter part of it is untrue. We know of no journal that countenances the induction of abortion. The CRITIC AND GUIDE champions the right and the necessity of the regulation of conception, just *in order to do away* with the terrible evil of abortion which is sending thousands of women yearly to invalidism and to early graves. And to pronounce "prevention of conception" and "induction of abortion" in one breath, as if the terms were synonymous, or as if he who advocates one necessarily advocates the other, is disingenuous. "No doubt," says the editorial further, "the evil has come to stay, but there is nothing gained by making elaborate apologies for it." Who is making apologies? The CRITIC AND GUIDE has never felt called upon to apologize for the "evil" of the regulation of conception. For it does not consider it an evil, but a necessary reform, which would add enormously to the welfare of the human race. It merely discusses the question and it does this because it knows that there are many people who, tho sincere, possess infantile minds and medieval morals and are in need of enlightenment. Apologies are due not from those who wish to improve the physique, the morale and the material condition of the human race; but they are due from a medical journal which has the hardihood to say in the Twentieth Century: "Let no physician advise means for the prevention of conception." No! Let the women breed until they are prematurely aged and invalided, let them ruin their health with abortificients or crowd the offices of the professional abortionists; let the ragged urchins and newsboys fill the streets and get early lessons in vice and crime, let the birth of the tuberculous, of the epileptic, of the insane go on unrestricted; let the excess of the population be mown away by pestilence or war, but, for heaven's sake, do not tell your patient how she could perchance limit the number of her offspring. For it would not be dignified. Ah, well—*gegen die Dummheit Kämpfen die Götter selbst vergebens.*

No wonder that such a large proportion of our population looks at the medical profession with coldness and distrust and runs to the quacks and irregulars.

**The Most Infamous Frauds in the United States.**

Do you think these words are too strong? Wait and see. There are many dishonest, disagreeable, disreputable ways of making a living, but the business that I intend to discuss in this editorial is so horribly contemptible, so hellishly nefarious, that to mince words would be disingenuous on our part. And we will not attempt it.

What name would *you* apply to people who are engaged in the business of deliberately making drug-habit victims, of deliberately rendering men and women irretrievably, incurably, addicted to opium, morphine or cocaine? Hard to believe that there are such wretched creatures? There are, my friends, quite a number of them, and the most infamous of them all are the James people, who flourish in Memphis and St. Louis under different aliases and who push several fiendish nostrums, which are full of morphine, and instead of curing the patient, fasten upon him the grip of the habit much more tightly, much more unshakably.

I exposed those worthies once or twice before and they kept in the background for a while. But they are again beginning to display their pernicious activity, they are again beginnng to ply ther nefarious trade, their advertisements are again appearing in a certain class of medical journals, and it is time to administer the James crowd such a lashing as will make them slink away like whipped curs and remain in hiding and obscurity forever after. It is an unpleasant job; they do not take kindly to lashings; they will retaliate by sending out anonymous scurillous circulars, by having nasty articles appear in the prostitute papers that are in their pay—but it cannot be helped.

I accuse you, Messrs. James, of being:

Frauds

Prevaricators!

Drug fiend producers!

1. You are frauds, common contemptible frauds. You advertise a Mandragora compositum and Mandragorine tablets. In every circular, in every piece of "literature" you send out, you claim that the active principle of your "cure" is mandragorine. Now I plainly and unequivocally state that this is a falsehood. I assert that you are not using and have *never* used a *single grain* of mandragorine. I assert that you are committing a fraud and obtaining money under false pretences when you claim that you are using mandragorine. You are sending out a circular trying to prove the existence of mandragora. Nobody ever questioned that. Every botanist, every intelligent physician knows that there is such a plant as mandragora. But the point is *that you use neither mandragora nor mandragorine.* What you use is hyoscine or atropine and sometimes both. But as you could not charge exhorbitant prices for ordinary official drugs, you fraudu-

lently state that you use mandragorine. I emphasize: there is such a plant as mandragora, and it contains some *not well* defined alkaloidal principle, but you use neither the plant nor the active principle. And for the benefit of my readers and inquirers I will state there is not a single firm in the world that manufactures mandragorine. Inquiries have been made from Merck & Co., E. R. Squibb & Sons, Mallincrodt Chemical Works, Powers-Weightman-Rosengarten Co., Lehn & Fink, Charles Pfizer & Co., etc., etc., and *not a single firm manufactures the product or knows anything about where it may be obtained, etc.* And I will repeat it once more, Messrs. James, so as to give you more grounds for a libel suit, that you are lying when you say you use mandragorine in any of your preparations.

And as a matter of fact you have practically admitted that much yourself. In an illiterate letter addressed by you to Mr. Samuel Hopkins Adams, who gave you a well deserved (tho not severe enough) lashing in Collier's for September 22, you write: "You say that Mandragorine is a myth. For the past several years we have published in our literature and in medical journals that the mandragorine used by us is a *synthetic alkaloid* (italics ours) which conveys to the mind of the intelligent physician just what Mandragorine is. You say that it contains nothing except that which may be obtained from Hyocine (Sic!) and Atropine. Even though it did, Hyocine (Sic!) is a recognized cure for drug addictions among the Medical Profession." The lie contained in the first part of this paragraph is more stupid, more brazen and damns you more than any other of your false statements. For you have never prepared nor have you ever used a single grain of synthetic mandragorine. You could not prepare a grain to save your lives.

I spend so much space and time on the subject of Mandragorine because it is important to abolish the mandragorine myth in general and it is important the profession should know that the James crowd does not use and never did use any mandragorine. Not that mandragorine is superior or even as good as hyoscine, but it is important the profession should know that they have been deceived, humbugged and imposed upon by a dishonest, illiterate, unscrupulous firm of swindlers.

2. I stated you were prevaricators, in common parlance, liars. For many years you have been in the habit of appending false names to the testimonials of cures which you send out. You either sign entirely fictitious names or—and this is a still more detestable trick—you sign names of real physicians, but you change their initials, so that the physician is helpless. He cannot sue you, for you can claim that you did not mean him.

In a former circular you gave a full page testimonial from an alleged Dr. Mc A. D. Campbell, California. I showed that there was no such person living. You gave the names of *f*

physicians which were not to be found in any directory. (See CRITIC AND GUIDE, May, 1904.) You are repeating the same tactics now. I have before me your latest circular which is also used as an advertisement in some medical journals. You give there a testimonal from one N. S. Clark, M.D., Wheeler, Ill. "Gentlemen," says "Dr. Clark," "God bless you for your noble work and may you be the means of saving many others from a living hell. I pray to the Lord that you may have a soft and comfortable seat in heaven, also a large and golden harp." Too bad that there is no N. S. Clark, M.D., in Wheeler, Ill., or anywhere else in the United States. (See latest medical directory, Polk's 1906). You give a testimonial from a W. D. Affling, M.D., Fountain Head, Tenn. There is no W. D. there, but there is W. B. You give a testimonial from S. L. Smiley, Silex, Mo. There is no S. L. Smiley, tho there is a G. P.

In another circular advertising your Sol. Mandragora Comp. you give testimonials from J. H. Moonen, M.D., Kansas City, Mo., M. M. Burge, M.D., Hill Top, Ark., W. F. Betts, M.D., Burnt Corn, Ala., O. Everts, M.D., College Hill, O., W. G. Armstrong, M.D., Flemingsburg, Ky. *There are no such people!* And your testimonials are consequently frauds. You further give J. M. Boyd, M.D., Hot Springs, Ark; there is no J. M., but there is a Robert F. There is no Dr. Geo. B. Buckingham, Brooksville, Ind., but there is a Geo. R. Then you have "testimonials" from G. H. Heard, "M.D.," S. B. Burnett, "M.D.," John T. Frowley, "M.D." Neither of these gentlemen is an M.D. Neither is a graduate of any medical college. And so you see that practically all the names you append to your "testimonials" are fraudulent, fictitious. If there are any "genuine" ones they are from "doctors" who act as your agents, or from fiends lost to every sense of shame and decency who will write anything for a few doses of dope.

3. We now come to the third charge. I charge you with being common fiend producers. Your desire is not to cure the patient, but to so fasten the habit upon him that he could no longer live without your dope and would have to send to you to you for his "medicines." You actually encourage the making of morphine fiends by claiming that no tell-tale symptoms will be perceived if the victims take your "improved" morphine tablets.

Here are your exact words: "By this combination the tell-tale and distressing symptoms that accompany the use of plain morphine sulph., i. e. contracted pupil, lustreless eye, shallow complexion and nausea are overcome. When our Improved Morphia Tablets are substituted by the habitue for plain morphia sulph. they will strengthen the procreative organs and prevent heart depression, nausea, etc." In a testimonial signed Mc. A. D. Campbell, M.D., California, which I have shown to be fradulent, no such doctor being in existence in the United States, *you*

say: "I now use your Improved Morphia Tablets, and I defy any one to tell from my general appearance that I am using an opiate in any form." In others words, in an unguarded moment, you give yourselves away and show that you do not even attempt to cure the patient. You simply encourage him to use morphine, but you tell him if he uses your morphine nobody will be able to notice it. In all my experience with nostrum scoundrelism I have not come across a meaner and more contemptible specimen.

It is interesting and often illuminating to know how a person or concern is regarded in his home town. I wrote to several prominent physicians in Memphis and asked them to tell me what they knew, favorable or unfavorable, about the James crowd. *Not one* had a favorable word to say. And the unanimity with which the crowd, and especially its guiding spirit was condemned is rather remarkable. Here is an extract from one letter which is typical of the rest:

"Charles B. James is the chief owner and power behind the throne in the James Alkaloidal Co., of St. Louis, as well as the James Sanitarium Co., and the Delta Chemical Co., both of St. Louis. These are his three nom de plumes there. At this place he has the James Sanitarium Co., the Tri-Elixira Remedy Co., or Sanitarium Co., the Old Homestead Sanitarium Co., the Keeley Institute and the James Land Co. He has been a bankrupt for many years, but does a large business, and strangers dealing with him would think that he was a very wealthy man, but when they employ a lawyer to try to get damages for mal-treatment they are soon undeceived. There are many judgments against him personally and the James Sanitarium Co.

In Mr. Adams' article the Delta Chemical Company is handled as a separate concern. He evidently did not know that C. B. James was the owner of that also. Under that name they put out "Morphina-Cura," which is the most infamous compound ever offered to drug victims. It is a combination of morphine, cocaine and atropine, or hyoscine. It soon makes a maniac of the user.

Their object in having so many names is that, as they never cure their patients, when they have done business with a drug user under one name as long as they can, they then address him under another name from another address and seek to sell him another "Home Cure." In this way they often sell the same victim three or four of their home treatments and then finally get him as a sanitarium patient. They are slick enough to deceive the same man three or four times in many instances.

James is a shrewd advertiser. He uses the names of many prominent citizens as references, but very few, if any, of them authorized. When he is called to account for it, it is found that he is so totally irresponsible that a respectable man is helpless in dealing with him. The business men here know him well, and

many articles have been written for the local papers exposing him, but the papers will not publish them. Not a paper in the city took any notice of Collier's article. He has the papers here completely under his control, and that makes him practically secure from attack. Even when he has a damage suit on trial, which is of frequent occurrence, not a line of the damaging testimony goes to the public through their columns."

Here is a beautiful example of the high morality of our daily press. No wonder that grafters and swindlers who have a pull with the press can pursue their nefarious work undisturbed and undismayed. "But that too shall pass away."

The shameless effrontery, the brazen stupidity of the hacks who write testimonials for the James crowd at so much per, is altogether wonderful and is only equalled by their ignorance, illiteracy and venality. It would be imposing on our readers' good nature to reproduce many of them, but permit me to reproduce a portion from an article written by the notorious "write-up," Willard H. Morse, M.D. (M. D.! Save the mark!) "The cure is thorough going," says this "M.D." "Mandragorine is ethpharmal. It is the salvation of the opium eater. Its discovery is not exceeded in importance by Jenner's discovery of vaccination (!!!) Its employment is one of the wonders of modern medicine. Drug addiction is an enemy deserving no quarter. We can conquer. It is a civil war. The battle is on to-day. The curse is one of mammoth proportions. It is incomparably worse than the alcohol habit. But—the specific—Mandragorine is on hand." What do you think of *such* a eulogy on such a fraud, and all for a ten dollar bill?

And here I want to ask a question: What is the use of our having state laws forbidding the sale in drug stores of morphine and other poisons, when by remitting a dollar or ten to the James Alkaloidal Co., you can get all the morphine you want? We had a friend of ours send in a dollar for "improved" morphine tablets. Did she have the slightest trouble in getting them? None whatsoever. She received them with the following refined letter:

"Dear Madam:—Your favor at hand enclosing $1.00 and ordering 100 ¼ gr. Improved Morphia Tablets. We do not make any reduction in price except in large quantities, say 5,000 or more, but where patient orders $5.00 worth of tablets we forward them under special delivery stamp. (!) Thanking you for the order and *awaiting your further favors,* we are,

"Yours truly,

"James Alkaloidal Company."

A word in conclusion about the James advertisements in the medical journals. I know that many journals are very indiscriminate about the character of the ads. they admit; others are simply negligent or ignorant. I do not believe, however, that

after this editorial we will be able to find a single medical journal so low, so base, so mercenary, so ready to openly prostitute its pages as to continue the printing of the James false and lying advertisements and fraudulent testimonials. If any such journals be found—well, we will deal with them according to their deserts. It will be an open acknowledgement of journalistic degradation which can go no lower—and such journals will deserve no consideration.

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### A Well Known Form of Graft.

The poor pitiable doctors and journalists who make an occasional dollar by writing up their imaginary successes with imaginary patients obtained from non-imaginary nostrums are getting fewer in number, but they are not all dead yet.

A clumsy example of graft of this character has just come to our notice. Here is the letter in its entirety, as received by one of our subscribers:

SOUTHWESTERN MEDICAL GAZETTE,
Louisville, Ky.

October 15th, 1906.

T. D. McELHENIE.

Dear Sir:—A prominent Doctor who has had excellent results with your product wishes to write an article, intelligible to both laity and profession.

Would such an article, used in your literature and quoted from our journal, be of sufficient value for compensation?

Respectfully,
SOUTHWESTERN MEDICAL GAZETTE.

Mr. McElhenie of Brooklyn who kindly transmitted to us this letter makes the following comment: "I don't know what this refers to. Must be graft. Poor, poor doctor and poor, poor journal." And we can only repeat, poor, poor doctor and poor, poor journal!

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### Harmony in the Reading and Advertising Pages.

In the October issue of the *Wisconsin Medical Journal* there is an editorial entitled "The Prescribing of Proprietaries," with which we are in full accord. It praises the Council of Pharmacy and Chemistry and rightly says that it is time we should resolve "that in the future we will prescribe no proprietary compound, no matter how pharmaceutically elegant, unless we know its exact composition." Very good. We felt cheered up. But as we were putting away the journal it opened on advertising page xiii, and the legend "Cheer Thy Spirit With This Comfort"—yclept Antikamnia, met our astonished gaze. Our spirit refused to feel cheered; it felt chilled.

Now, brother, isn't it a bit inconsistent to preach high ethics in the editorial pages, and admit the lowest nostrum, peddled about to the laity, into your advertising pages? And isn't it the purest irony to praise the work of the Council and then pay no attention whatsoever to its exposures and analyses?

Answer, brother. Our spirit shall not be cheered until you do.

P. S.—Our astonishment is still greater. We have just noticed that the above journal is the official organ of the Wisconsin State Medical Society. Now, if an official state organ admits antikamnia, what right have we to condemn the private journals?

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**Some of our State Medical Journals**

The following is an editorial (an editorial, mind you) in the *Journal of the South Carolina Medical Association* (October):

"If drug and chemical houses could be made to realize that the cheapest, best, quickest and surest way of getting before the medical profession of this State is to advertise in the *Journal*, they would all be breaking their necks to get space. The way to make them realize it, brother members, is to tell their salesmen when they enter your offices that they need not ask you to use their preparations if they are not willing to use your *Journal* as an advertising medium.

"DON'T FORGET THIS! Tell it to every salesman coming down the pike; tell it to them over and over, until it is so beaten into their heads that they will show the houses they represent that they cannot do business in South Carolina unless they can advertise in the *Journal*. DON'T FORGET IT."

May we permit ourselves to say that the above—both sentiments and language—is rather nasty and sounds a bit like blackmail? Suppose certain preparations are valuable and necessary in certain cases, should the patients be deprived of them just because the manufacturers do not see fit to advertize in the *Journal of the South Carolina Medical Association?* Is that fair? Is that high-minded ethics? To us it looks like a hold up and utterly unworthy of an official organ of a medical association.

Those who read our paper, "*The Official State* vs. *The Independent Medical Journal*" (read before the American Medical Editors' Association, C. & G., August), know that we are not antagonistic to the State Journals. To those who have a real *raison d'être* we wish the utmost success. But some of them inspired—or incited—by the sanctimonious, bigoted and withal *insincere California State Journal of Medicine* have lately assumed such an arrogant, rancorous, yes, nasty tone, that it is

time to call halt. Nastiness is nasty whether it occurs in the *Medical Brief* or in an official state journal. And the better class of official editors will agree with me. I know the editors of the New York and New Jersey State journals will.

### Don't attack the Sanctity of our Crazy Spelling.

The esteemed editor of the *St. Louis Medical Review* says that he is "entirely and absolutely out of sympathy with all and every attempt to reform our spelling." And still we notice that in some words he has adopted our reformed American spelling, for—horribile dictu—he writes honour—honor, labour—labor, governour—governor, etc.

He also speaks of literary language as a "permanent record" and is opposed to attacking its "fixity and permanence." In the same issue (October 27), in an article by Dr. Knott, occurs the following sentence: What mooueth us to wish health and say, God helpe, or blesse, when one sneezeth?

We also find there the following words: melancholick, signe, wayes, braine, heare, neere (for near), facultie, safetie, doe (for do), etc.

How about it, friend Millican?

### "Staff of Collaborators"

It is time that the foolish farce which some of our contemporaries are indulging in of printing a false and funny staff of collaborators—who never collaborate—be forthwith abolished. Now, really, isn't it foolish? Some journals carry an imposing array of contributors, who never have and never will contribute a single line to the publication whose title or first reading page they grace. So why fool the people? And the funniest part of the thing is that the names of some of our most zealous anti-nostrum crusaders appear in journals which carry such nostrum ads. as antikamnia, Duffy's Malt Whisky, and, the worst of all, the James Morphine Cure, which is full of morphine! Some people are not careful as to what publications they lend their names—and then, again, the names may appear without the knowledge of their owners.

Anyway, do away with your staff of collaborators. The thing is foolish; it is untrue; it is becoming absurd and ridiculous.

### The Craftsman.

The most beautiful magazine that comes to our table is *The Craftsman* (New York), edited and published by Gustav Stickley. "in the interests of better art, better work and a better and more reasonable way of living." It is printed more luxuriously, its illustrations are more beautiful than any journal we are

familiar with. Its contents are chaste, inspiring *and* soothing. We have just spent an hour with *The Craftsman* for November and feel refreshed as after a tramp in the mountains of an early morn.

We call particular attention to the appreciative and extremely interesting article by John Spargo, entitled "With Maxim Gorky in the Adirondacks." The article may, perhaps, succeed in giving our purblind bats and detestable prudes an insight into the life and character of one of the world's noblest souls, one of the world's greatest and truest humanitarians.

### The Chicago Clinic and Pure Water Journal.

Dr. George Thomas Palmer, who for five years has edited *The Chicago Clinic and Pure Water Journal,* has voluntarily severed his connection with the Illinois State Board of Health, in which he has held the office of assistant secretary, and will devote his whole attention to the editorial supervision of his journal, with offices in Springfield, Ill. A department of State Medicine will be added to *The Clinic,* which will be conducted by Dr. Palmer personally. Dr. George Thomas Palmer is a bright, original fellow and we wish him success with a capital S.

## STRAY NOTES.

A man or woman way write a good comedy, may be a good actor or actress, may paint and sing beautifully—and still have reasoning powers of a suckling infant. This is *à propos* our Christian Scientists, who always like to show us how many actors, singers and painters kneel at the shrine of Mrs. Eddy. Yes, a person may be quite "cultured" (in the common acceptation of this term) and still be a lunatic in his or her beliefs.

It shows how faulty our education is: the most important part—the teaching of logical thinking—it neglects utterly.

* * * *

The man who, desiring to obtain the effect of pilocarpine, prescribes the fluid extract of pilocarpus, which is indefinite and extremely variable and contains besides the antagonistic alkaloid, jaborine—well, shed a tear for his ignorance and pity him. He does not know any better or he would not do it.

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It is as hard to bring forth a thought from a sterile brain as it is to impregnate a woman whose ovaries have been removed.

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Is it any wonder that Therapeutics progresses so slowly, when ninety-nine out of a hundred physicians are unconsciously *bound* hand and foot by authority and treat cases according to *rules laid* down in antiquated text-books?

### Medicine vs. Chemistry.

Medicine is not chemistry. When a chemist—big or small—says that sulphuric acid will cause a white precipitate with a solution of barium chloride, it is so; and it is so to-day and will be so in a hundred years from now. And it is so here, is so at the equator and is so at the poles. But when a medical authority says, for instance, that a certain drug is good for a certain disease, then it *may* and may *not* be so. And, besides, what was true twenty years ago may be false to-day. The type of disease changes, and our nervous organism is not what it was half a century ago. And racial characteristics count. And climate counts. Therefore, verify your therapeutic knowledge! And if it needs revision, addition, elimination—why, revise, add and eliminate, and never mind the authorities.

### Ability to Read.

Of course every one should be able to read. Illiteracy in a nation is as bad as cholera. And still how little use some people make of their knowledge. The only use some people I have known are making of their ability to read, is to peruse the "past performances" of the race horses and the dope sheets (I think that's what they call them). Wouldn't it be better if those persons were unable to read? Everything, in my opinion, must be judged by its effects on the individual and the community, and certain individuals, as well as the community in which they live, would most assuredly be better off if they were unable to read and write.

Dr. George Thomas Palmer, editor of the Chicago Clinic, says that it is usually the subscriber who is far in arrears that discovers that the magazine isn't as good as it should be.

### A Little Disagreeable Editorial.

The CRITIC AND GUIDE is for honesty all the way thru, and it demands honesty from its subscribers. We never "throw" the C. & G. at anyone and if a subscriber wants his journal stopped, it is his duty to notify the publishers (and pay up arrears). A one cent postal is not such a big expense. Failure to notify us to stop is taken by us to mean that the subscriber wants his journal continued. All delinquent subscribers who fail to remit within this month will get a rather sharp letter admonishing them that their subscription is due and demanding payment. The CRITIC & GUIDE wants no hangers on and no dead beats on *its* list. It does not care how lenient other journals may be. It, for one, does not intend to encourage dishonesty in its subscribers. A dollar is a small enough sum and everybody who *wants to*, *can* remit in.

# Original Articles

## Therapeutic Points on Apoplexy and Paralysis

By William F. Waugh, A. M; M. D. Chicago.

Plethoric and gouty persons should take cochicine 2 to 5 milligrams at bedtime, enough to act on the bowels in the morning.

Persons whose arterial tension is above normal should take veratrine a milligram or two, well diluted, after meals—before them if they eat too much.

Impending apoplexies may be averted by full doses of elaterin—a centigram repeated every hour—to powerfully drain off fluid and empty bowels.

Croton oil, 1 to 4 drops, may do if elaterin is not quickly available, but the latter is preferable in every way.

Elaborate care must be taken to prevent constipation in those who are liable to apoplexy, and hold down arterial tension.

In apoplexy, after the bowels are emptied, give a full dose of morphine hypodermatically to tranquilize patient and limit injury.

After apoplexy meet the fever with aconitine, ½ to 1 milligram every half hour until the pulse is near normal and then hold it there.

The first indication in apoplexy is to limit the effusion of blood. Best done by subduing vascular tension by veratrine, if high.

If the patient has apoplexy and a soft pulse we might get the blood out of danger by forcing it to the skin by full doses of atropine.

The second indication in apoplexy is to limit destruction by holding down the inflammation following effusion.

If during the febrile period of apoplexy the patient is excited substitute gelseminine for aconitine—to production of ptosis.

The third indication in apoplexy is to promote the absorption of debris, after the fever has fallen to normal and not sooner.

To promote absorption of debris give mercury biniodide 3 milligrams four times a day, or 3 decigrams of iodoform daily.

To promote absorption of debris give phytolaccin 1 to 2 decigrams daily, in aid to the mercury and iodine.

If the patient is anemic when absorption is needed, we may give the iodides of iron and arsenic with advantage.

With absorbents we may need to aid tissue nutrition by giving *iron* phosphate and calcium lactophosphate in full doses.

The fourth indication in paralysis is to awaken the benumbed nerves to duty, by use of strychnine, or of galvanism, or both.

Push strychnine after acute symptoms pass, in infantile, diphtheritic, local, lead, hemoplegic, paraplegic and facial forms.

When strychnine is indicated give a milligram every hour till the twitching begins, then keep just below this point but give enough.

Many persons will require much larger doses of strychnine than men usually give; push it till the effect is there.

If moderate doses of strychnine cause distress or headache, or twitching, the time for it in place of absorbents has not arrived yet.

Sometimes strychnine is best injected into the paralyzed muscles, in full doses, one given each one to three days.

The action of calomel in warding off an impending stroke is excellent when we have the time for its action. Follow with jalapin.

The best remedies in paralysis agitans are hyoscine or its sister, hyoscyamine, in doses of ½ milligram hypodermatically, once a day.

Hyoscyamine, hypodermatically, half a milligram, has greatly ameliorated the symptoms in locomotor ataxias.

The so-called paralytic symptoms in rheumatism are markedly relieved by rhus tox. in wee doses pushed to toxic manifestations and held just below them.

For wet brain and all nervous tissue degenerations there is no drug that has the power for good residing in zinc phosphide, a centigram thrice a day.

In agitans and the palsies following venereal and other excesses, zinc phosphide a centigram thrice daily for a week only of each month.

Never give zinc phosphide more than a week out of each month; during the rest build tissues by neurolecithin in full doses.

Will zinc phosphide and gold or platinum, with intestinal clearing and asepsis, cure *every* case of dementia paralytica if not too late?

The paresis of chronic myelitis is singularly benefited by atropine in doses sufficient to cause dryness of the mouth, sustained.

In paralyses of the bladder and rectum ergotin in full doses has proved beneficial, a decigram daily in divided doses.

In menstrual and spinal congestion and in paraplegias, ergotin has been commended; give one to three centigrams three times a day, increasing till effect.

In hemiplegia and paraplegia picrotoxin has been commended as a remedy for the latter stages, but never enough tested to show its true place.

In general, ocular and old palsies, ataxia and muscular atrophies, eserine has been commended highly, a milligram twice a day hypodermatically.

Since picrotoxin and eserine have been found useful, where is the place of their cousins, pilocarpine and muscarine?

Cannabis indica has been used in paralysis agitans, and bladder palsy from spinal disease, a centigram of the extract every hour till effect.

As a palliative in paralysis agitans cicutine hydrobromide, 1 to 3 milligrams every hour or two, has succeeded well.

Chronic cases sometimes respond to powerful local stimulants such as capsicum and volatile oils by stomach and skin.

Many cases are kept comfortable and safe by a minute dose of aloin, ½ to 1 centigram, each night on retiring.

Laryngeal, spinal, bulbar and shaking paralysis are sometimes benefited by picrotoxin ½ a milligram two to seven times a day.

The alkaloid of the oat, avenine, has a singular effect in old paralyses when given for months in doses of a milligram twice a day. Patients invariably get to believe in it after the second weeks' administration, and take it with confidence for a year or more.

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## Accuracy in Therapeutics.

By J. Robert Landers, M. D., Teheran, Ill.

Whether or not absolute accuracy in possible may be a question, but that it is an ideal after which we are justified in striving, it is presumed no one will dispute; nor will any deny us the right to work toward that end. We have heard no expressions of fear of too much accuracy and precision in therapeutics. In articles by the writer on different subjects, published previously, in different medical magazines, some thoughts bearing on this subject have been mentioned. Among these subjects "Drug Purity," published in the August issue of Merck's Archive's, has brought out some expressions indicating more thought along lines of dependability in drugs, or rather an awakening to the importance of the subject. It is well to consider for a moment what accuracy means. If one scruple of sodium phosphate is directed to be given every hour it will necessitate the administration of twenty grains every sixty minutes to fulfill the requirements of dosage and frequency of dosage. But there are other requirements. It must be sodium phosphate. Any substitute, adulteration or mixing of any other substance than C. P. sodium phosphate will contravene the will of the prescriber and doubtless defeat his purpose. Then to meet therapeutic demands every drug, chemical, alkaloid, active principle, useful and remedial principle must be correctly isolated, so that a definite quantity of that material or substance

will have the exact strength of any other like definite quantity; of which a certain accurately measured dose will produce the precise effect of any other like accurately measured dose in the *same* case, under the same circumstances, and a similar effect or the same effect, or approximately the same effect, in like cases or similar cases. When we talk with physicians who *talk in galenicals* and they tell us they never use aconite, cannabis, colchicum, jaborandi, etc., because they used to give these agents, in tinctures, fluid extracts, etc., and never saw much, if any, good effect from them, we can come to no other conclusion than that the preparations they used were short or destitute of their active principles—aconitine, cannabine, colchicine,, pilocarpine, etc.—on which each respectively depends for its remedial effect.

If this is not true, why do we not hear of aconitine, pilocarpine, etc., proving inert and failing, *frequently?* Conversation and correspondence have brought out some expressions indicating that it is anything but rare that practicians after making a few trials of a remedy and failing to see results which correspond with the experience of others drop the use of the drug and class it as no good, go back to some other remedy or method and never make any effort to determine whether or not the preparation was dependable, but take it for granted it was all right because put out by some firm which had furnished good Epsom salts or potassium iodide. It is certainly culpable to allow, or not to make every effort to prevent vitiation of our therapy and our therapeutic experience. Is it right, after using up a pound or two of an *adulterated* mixture, labeled zinc sulphocarbolate C. P., which is found to contain zinc sulphocarbolate twenty per cent, and chalk, lime, etc. eighty per cent., and finding it irritated and nauseated, to stop right there and proclaim intestinal antiseptics failures; and zinc sulphocarbolate useless and even injurious, when in reality the salt and its effects were not known? Is it necessarily true that because the fluid extract of jaborandi or a something labeled jaborandi was given for the pilocarpine effect and failed that pilocarpine does not have the effect it is accredited with? Because supposed jaborandi was given for the pilocarpine effect on the lacteal secretion in a nursing woman and it dried up the secretion of milk instead of increasing the flow, is that incontrovertible evidence that pilocarpine will not only not increase the flow of milk, but diminish, dry it up, arrest it?

Years ago an elderly physician was noticed at times to prescribe nux, aconite, digitalis, etc., very carefully, or rather hesitatingly. He was a first rate therapeutist under the circumstances, it would appear. At one time when he seemed undecided and prescribed digitalis hesitatingly, scarcely able to satisfy himself as to dose, when asked why he faltered at dosage he replied: "Well, I don't know; digitalis does some unexpected things sometimes. And sometimes it ties up the kidney, which is the very thing that

must not be done in this case. But I am not smart enough to tell why." And neither could we tell why. Probably now some one can tell us why digitalis would occasionally "tie up the kidney." At another time nux vomica was prescribed by the physician referred to very falteringly or carefullly. When asked the reason of his dubitancy in this case said, "It seems there is quite a difference in nux or the constituents; some is stronger and some weaker, and I don't know which class this specimen may belong to. In the case under consideration I want a mildly tempered, incitant effect, consequently I must give a very small dose. But if it is as weak as some I have used, there will be practically no effect, and if as strong as some, I think I will get about what I think is needed; but if stronger I don't know what to expect, it may injure the patient." Here was a man who expected results and prescribed to that effect, but see how uncertainty, variability, not knowing how much strength the preparation contained, handicapped and perplexed him precluding a confident application. Today if that man were alive and practicing we feel confident he would use strychnine and brucine, of which he could give an accurately measured dose of exact strength, which he could confidently believe would produce approximately a certain effect. Surely it seems these are potent reasons for desiring, demanding remedial agents segregated, isolated, individualized, and that each single principle be known therapeutically; then we may prescribe singly in known, accurate dosage, or combine in known definite and exact proportion.

It is to be hoped that careful and exhaustive study may be made of every individual useful principle. Is it very probable that many agents are exactly identical in action? They tell us guaranine and caffeine are identical in action and effects; not similar, but identical. We confess that personally we do not believe any two alkaloids or active principles are identical in action. We may not be able to discern differences, and they may be immaterial differences if we do discern or could discern them, but because we can perceive no difference does not necessarily mean none exist. And if we knew the differential differences of action it would certainly tend to more refinement in application. The active, aggressive, discriminating, disease-fighting physician has a definite idea of what is wrong and what is needed, and what single or combined power will correctly meet the requirements, and he demands the remedy in active form that he may with dosage known and accurately measured actively intervene, expecting to limit, arrest and overthrow the disease as pleasantly and expeditiously as may be possible. He no longer gives nux for strychnine effect, from the fact that he can not accurately measure and know how much strychnine any preparation may contain. And another point which is clearly manifest is that remedies or active principles needed should not be encumbered by useless uncalled for material of any character nor with other remedial or ac-

tive principles not needed; consequently he does not use the nux, because it contains other active principles, and he cannot tell how much of these a specimen contains, and as he does not need or want them, he prescribes strychnine only, since only strychnine is desired.

Understand, there is no objection to prescribing brucine nor even igasurine (whatever that is) if any one thinks they are indicated and ought to be prescribed. But it is maintained that if strychnine is all that is needed it is useless to prescribe or allow to be given every other substance that may happen to be mixed up with it, and that the remedy used should be in stable preparation, definite strength and given in exact, known dosage. And to depend on the fortuitous jumbling of nature, and give nux vomica for strychnine is protested against as not being even an approximately accurate application of either remedy or dosage. The observing clinician declares active principles unencumbered by useless material or companion constituents more quickly effective, and insists they be given for effect and till effect. Consequently, demanding active remedies, in known dosage, which when repeated frequently will most quickly relieve the patient, arrest disease and assure prompt recovery. The practice of pouring into the sick body at stated intervals drugs in definite quantities of vehicle, according to posologic tables, but uncertain, unknown and indeterminable strength, is rapidly becoming a lost art. But instead there is being exercised the greatest care, and most profound study is made that no remedy be given unless needed, clearly indicated. And when administered, the action is expected to be forthcoming, and with more or less celerity, accordingly, as the effect of the remedy used is known to be manifested speedily, tardily, immediately or remotely. The physician, the alert, thoughtful observing *clinician,* is insistently demanding of manufacturer and purveyor the highest type of remedies, that he may be adequately equipped to make active and successful intervention, handicapped by no guess work or uncertainty possible of elimination. Realizing how overwhelming the feeling of weakness and incompetency when facing death, and how vexing, galling and crushing it must be to find the battle was lost, a life lost on account of the variability surrounding the remedy used, whose action was vitiated by encumbering useless material, possibly obstructive and antagonistic, the matter of drugs of definite strength, of which a certain quantity represents a power exactly that of every other same quantity last week, to-day, next year and always; the matter of *accuracy in fact* does certainly appear the most vitally important consideration demanding the attenion of the conscientious therapeutist.

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**An Irresistible Combination.**

**The Critic and Guide.**
**Therapeutic Medicine.**
**Altruria.**

## What Dr. Gould Omitted.

By Victor Robinson.

Two years ago in the *Annals of Ophthalmology,* Dr. George M. Gould wrote an article on "The Reception of Medical Discoveries." With a skill and style which show that if he had pursued the muses instead of medicine, Apollo would have been as generous in his gifts as Aesculapius, the brilliant doctor proves his point that "discoveries and new truths which if accepted and acted upon, would have made for progress and the good of the world, would have saved numberless lives and inestimable suffering, have been at first rejected, and by the very leaders and judges whose function and duty it was to judge wisely of such things."

As might be expected, he devotes fully four-fifths of his paper to the discussion of the reception of his theory on eye-strain. I am inclined to believe there is much truth in Gould's claims, especially when I remember that he deals chiefly in demonstration, while his opponents are so much concerned with denunciation.

Yet this article, interesting and instructive as it is, is absurdly incomplete, for not the slightest mention is made of the most momentous of all discoveries, and I fear the omission is due to the fact that this learned doctor is a bit squeamish.

Even if it should be established beyond the possibility of doubt that ametropia has pathologic consequences; if it should be really demonstrated that many diseases diagnosed as brain congestion, brain disease, dyspepsia, neurasthenia, hysteria, gastric disease, psychosis, are in reality the results of eye-strain; if every word in Gould's magnificent *Biographic Clinics* is true, and it be a fact that the lives of the Carlyles, De Quincey, Darwin, Huxley, Browning, Eliot, Lewes, Wagner, Parkman, Spencer, Whittier, Margaret Fuller, Nietzsche, Taine, Symonds and Flaubert were lives of sickness and suffering, merely because they abused their eyes and did not wear the proper spectacles—the science of the oculus would still be of less consequence than the great, far-reaching, all-important discovery that Dr. Gould omitted.

For I refer to the discovery that the discussion of the sex problem is not nasty but necessary, and that to try to solve some of its difficulties does not besmirch the doctor with filth, but clothes him with a garb of glory.

As far as I know, the first American physician who attempted to introduce the subject into medical circles was Denslow Lewis of Chicago.

In 1899, when the American Medical Association met at Columbus, he read a paper on "The Gynecologic Consideration of the Sexual Act." That paper was epoch-making, it was a new star in the sky, a bright ray heralding the approach of the Better Day. Naturally his auditors sniffed and squirmed. They acted as

if the atmosphere had been exhausted of oxygen, so hard did they breathe. A member in the back row felt his pulse to see if he really had a fever, or only eddyised he had one.

During the discussion which followed, the eminent Howard A. Kelly voiced the general opinion not only of the A. M. A., but of the entire profession, when he said "the discussion of the subject is atended with filth and we besmirch ourselves by discussing it in public." If Lewis expected anything better from his distinguished friend he was more generous than I. Dr. Kelly is a splendid surgeon, but on other subjects his opinion is not worth hearing, unless it be of psychological interest to see how bigoted a brainy man can be. His prudery is due to his theology, for his religion is the religion of the Dark Ages. As far as Kelly is concerned, Humboldt might never have lived, Darwin and Huxley never labored, Spencer never written the Synthetic Philosophy, and Haeckel never carried on their work. His conceptions of the universe are on a par with the Salvation Army lassie who shrieks how she was saved by the blood of Jesus, and then passes the tambourine for nickels.

Of course the publication committee refused to print Dr. Lewis' paper in the official organ of the association. So he determined to appeal to the membership at large, this being his only alternative under the constitution. Coming to the sensible conclusion that the members could not vote intelligently upon his paper unless they read it, he had it published in pamphlet form. The next year when the Association met at Atlantic City he politely asked for instructions regarding their distribution, but since the persons in charge were more interested in the popular Boardwalk than a subject which besmirched them with filth, no attention was paid to Dr. Lewis' letter. Under the circumstances he did the best thing possible. He hired a store where the pamphlets were kept and employed two men to distribute them to delegates only, who were recognized by the official red badge of the Association, which they wore conspicuously. Within five minutes the men were ordered to desist. And all thru the convention Dr. Lewis was so vexed, harassed, opposed, oppressed and annoyed, that he was obliged to appeal to the chief of police for protection.

The outcome of the whole matter was that many of the delegates could not read his paper, and as the president, W. W. Keen, was strongly against printing it, and as Kelly remained in Atlantic City an extra day to take part in the discussion and make sure that the official organ would not be "polluted" by its publication, the motion to sustain the committee was carried, and that is why "The Gynecologic Consideration of the Sexual Act," by Denslow Lewis, never illumined the pages of the Journal of the American Medical Association.

For his earnest endeavors to hang a lantern of light on the

peg of progress, so it might shine in the dungeon of despair, Dr. Lewis was rewarded with—an old-time favorite.

A medical journal to which for years he had contributed clinical lectures on practical obstetrics refused to allow him to finish the series by declining to publish the two final lectures on symphysiotomy and caesarian section. Furthermore, he was forced to resign his position as Professor of Gynecology in the Chicago Policlinic. In 1901, when the Association met at St. Paul, he read an essay on "The Limitation of Venereal Diseases," and this paper was also excluded from the official organ of the A. M. A.

Of all these rather lamentable facts, together with a full explanation of the trouble at Atlantic City, and an account of the unfairness of the Association's famous president, W. W. Keen, Dr. Lewis has written in a most moderate and well-controlled way, in the August, 1906, issue of *The Pacific Medical Journal*. In brief it relates the reception accorded to the important medical discovery, that science, not silence, must solve the problem of sex—a discovery which Dr. Gould omitted.

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### Osteopathy and Regular Medicine.

Editor CRITIC AND GUIDE:—In the October number of the CRITIC AND GUIDE, of which I am a regular subscriber, I find an editorial headed "Osteopathy and Smallpox." In following your writings for some time I have formed the opinion that you mean to be fair; hence I am assuming that you will give space in the next CRITIC AND GUIDE to these few lines which will take cognizance of your narrowness and injustice in judging the osteopathic profession as in that editorial. You say "There can be no intelligent therapy without at least an approximately correct diagnosis. And osteopaths are not diagnosticians." Then follows a story coming from the St. Louis City Dispensary of two osteopaths who evidently had not properly diagnosed a case of smallpox and were not properly caring for it.

Here is another story for you, doctor. One day in December of last year, in the city of Missoula, Mont., four leading physicians of the city held a consultation over the case of an old lady, past sixty, who had been ill for some months. The lady's condition was pronounced as tumor of the abdomen and an almost immediate operation was advised. The family protested against an operation, and that same evening the writer was called. A careful examination revealed no evidence of tumor worthy of serious consideration, but a subluxated first lumbar vertebra and a strained condition of deep muscles and ligaments between the scapulæ were causing pains to shoot out over and through the abdomen by way of the intercostal and lumbar nerves. Under osteopathic treatment the pains were relieved in a few days and in two weeks the lady was doing her own housework and taking care of three grandchildren and has

done so ever since. Now, Dr. Robinson, would you care to say that the whole medical profession were quacks and incompetent diagnosticians because of the rank error made by the four of them in this instance?

Another story nearer home, doctor; this is also a true one. Within the past year a lady who was a patient of an osteopath in Buffalo, N. Y., went on a visit to New York City. While there she called on a well-known gynecological specialist to ascertain his opinion as to whether or not she was pregnant. "Bosh," said the doctor after the examination. "You are no more pregnant than I am." About five months after, the doctor was the recipient of the following: "Dear Dr.—I have the cutest little girl baby. Have you had yours yet?" [Very interesting; unfortunately, I had heard the same story about twenty years ago, and it bobs up serenely every now and then in a different locality. We should like to know the specialist's name.—Editor.]

The M. D. who made the diagnosis is well and favorably known in New York medical circles, but would you care, even in his case, to form your opinion of the diagnostic ability of the medical profession from that specialist's one diagnosis?

After telling the story of the two St. Louis osteopaths, you conclude: "This story would be purely amusing if the contemplation of the dangers to which the patients of the various quacks are subjected, did not incline one to sadness." Would it not, after the above instances, be just as fair to apply this to the medical profession? I can give you a list of such errors in diagnosis made by regular physicians that would fill one number of your journal; yet because of them I do not feel like decrying the diagnostic ability of the entire profession. You "frankly" expressed yourself, doctor, that osteopathy is "rotten." In equal frankness let me say that if, as your article indicates, you hold the view that "dislocations" constitute all of the etiology, diagnosis, prophylaxis and sanitation considered by the osteopaths in their care of their patients, you are as ignorant of the practice as you are of the health regulations on the planet of Mars. You are not even mature enough in knowledge of osteopathy to be dry behind the ears. Your umbilical cord is still pulsating. You are still sucking colostrum. In contradistinction to your idea of the osteopathic attitude towards contagious diseases, let me quote you a resolution which was passed unanimously at the last state association meeting of the Montana osteopaths, and which was published all over the state by the daily and weekly newspapers: "Resolved,—That in our judgment as physicians it would conserve to the interests of public health to so amend our laws relating to the requiring of physicians to regularly report certain contagious and infectious diseases to the state health authorities, that the physician in addition

to scarlet fever, tuberculosis, smallpox and other diseases now named, be required also to report all cases of venereal diseases examined or treated."

Has any state medical organization publicly taken a more courageous or advanced stand on this contagion which seems to occupy the bulk of consideration in your magazine?

Very respectfully yours,

ASA WILLARD,
Missoula, Mont. Osteopathic Physician.

COMMENT BY THE EDITOR.

Dr. Willard gives two examples of mistakes in diagnosis by regular physicians. He could have saved himself the trouble, as I myself could cite dozens of cases in which my professional brethren, regulars, have exhibited a most deplorable and absolutely inexcusable degree of ignorance. Nobody asserts that regular medicine is perfect, or that there are no ignoramuses in the regular medical profession. I condemned osteopathy not on account of the mistake of the two osteopathic doctors; that was given merely as an interesting incident. I condemned and condemn osteopathy as an exclusive system. I condemn just as emphatically the physician who limits himself in the treatment of his patient to drugs and drugs only or to hydrotherapy, or electricity, etc. The human organism is a wonderful and exceedingly complicated piece of mechanism, the causes which may get it out of order are exceedingly numerous, and, therefore, when it does get out of order we are obliged to use every possible available agency if we expect to put it back in order again. The physician who treats all diseases by one exclusive system is either an ignoramus or a charlatan, tho he may not be conscious of either, and may be sincere.

Let me take a little example, which will illustrate the matter and will perhaps convince Dr. Willard that I am not so immature in condemning osteopathy and other exclusive or sectarian systems.

We will take Functional Sexual Impotence or Spermatorrhea. Pathologically these are trifling affections. Anatomically there are practically no lesions. And still I find that in treating patients afflicted with those diseases I can obtain but slight results if I limit myself to one kind of treatment. I find that in order to bring my patients to a speedy *cure* I must make use of (1) drugs, both locally and internally, (2) cold water applications—hydrotherapy, (3) electricity in its various forms, (4) vibratory massage, (5) instrumentation: sounds, dilators, rectal tubes, etc., and last, but not least, (6) moral suasion—psychotherapy. Not counting instructions as to diet, sleeping, etc. Here in an apparently trifling affection I find myself obliged, in the interests of my patients, to make use of six or seven different agencies. And Dr. Willard dares to imply that all diseases can be treated osteopathically, by massage?

But this is not the only point. I condemn osteopaths not only because they treat diseases improperly, but because they are not competent to treat diseases at all. And they are not competent because they are not diagnosticians. They don't study enuf. Their course is too brief and too trivial. They have no laboratories and no hospitals to speak of. They accept as students the very lowest kind of ignoramuses. I know personally of several people, quite ignorant, who studied osteopathy "by correspondence." They received their "diplomas" after a few months' study and are now styling themselves "osteopathists" or osteopathic physicians. In one case the man was so ignorant that a woman friend answered the questions for him, but he got his diploma and is now a "physician" (save the mark!). Just think of learning to treat the human body by correspondence!

We, regulars, are constantly increasing our curricula and lengthening our courses, because we recognize that medicine is one of the most difficult studies in the world—and the sectarians and quacks come around and want us to believe that they are competent to treat the complex human organism after one or two courses of five to six months each, or even after a correspondence course! No, we are not quite so gullible.

I am not a blind eulogist of everything in "regular" medicine. I know its failures and shortcomings better perhaps even than the hostile sectarian, for I gave the subject an unbiased historical study. I will even admit, if it pleases Dr. Willard, that there are regular practising physicians who are much better fitted for the job, say of tending bar. But, and here is the point, the proportion of dangerous ignoramuses is after all *much smaller* in the regular profession than it is among the irregular quacks. And, as I said many times before, the future is entirely in the hands of regular, scientific medicine. And there is no excuse for any sects *now*. There can be no difference in the study of anatomy, surgery, chemistry, etc. People may differ only in their treatment. And we now permit everybody to treat his patients according to his ideas. We have freed ourselves from the thraldom of authority in this respect. But we have a right to demand that before a man engages in the serious occupation of treating human diseases, he give proof of his competence to diagnose a disease, to differentiate between one disease and another.

In conclusion, I would ask some prominent osteopath or physio-medic to outline for me briefly his treatment for, say: malaria, scabies, lues, specific (gonorrheal) ophthalmia, specific urethritis, purulent cystitis, pyelitis, and, pardon the finale, pediculosis pubis.

I am very curious to know.

I am always anxious to learn, and it is never too late to do so.

## Christian Science vs. New Thought.

CHRISTIAN SCIENCE PUBLICATION COMMITTEE
NEW YORK

To the Editor of CRITIC AND GUIDE. October 24, 1906.

My dear Sir:—It is with deep regret I am compelled to say that in the October number of CRITIC AND GUIDE, under the title "Insanity, Downright Fraud or What?," the criticism missed its mark because the shot was aimed at the wrong target.

Reference to the *Nautilus* (containing the article calling forth the criticism) shows it to be, not a Christian Science periodical, but a "Magazine of the New Thought." The editor and contributors, without doubt, accused of being Christian Scientists, would plead with zeal not guilty, and Christian Scientists, with equal promptness, would vote them acquitted. And why?

The truly heroic effort of the writer of "Insanity, Downright Fraud," etc., to "try to understand" another's "point of view" moves me to venture the briefest explanation of the difference between "the new thought" and Christian Science.

The thought in Christian Science, so far from being "new," is but a repetition of "the old, old story of Jesus and his love." It is a repetition of the old story of "Peace on earth, good will to men." It is a repetition of the story of how "Jesus went**** proclaiming the Good News of the Kingdom, and curing every kind of disease and every kind of sickness among the people"; and it is a repetition of his command to his followers to go and do likewise.

The generous patience expressed in "Insanity, Downright Fraud," etc., toward those having the effrontery to differ with the writer, is indeed praiseworthy. Its noble impatience with all "fakirs" and buffoons is even more worthy of grateful appreciation. Its stand for the the claims of "true science" and for the triumph of honesty and truth is inspiring; and its courageous public utterance of the same inspires me with the conviction that similar public utterance will be given to the statement of Truth herewith most respectfully submitted.

I am, sir, yours most sincerely and respectfully,

H. CORNELL WILSON.

We believe in hearing the other side and, therefore, give space to the communication of our correspondent, whose sincerity we do not question. But has he proved anything? Has he even said anything? Nothing, except to assert that Christian Scientists are not new thoughters and *vice versa*. Perhaps not, as far as the *name* is concerned. In essence they are all the same. They all kneel at the shrine of ignorance and prejudice and fatten on the credulity and gullibility of the people. Anybody who asserts that he can cure deafness—or cancer or aneurism—

by absent treatment, by "thinking" or by prayer—is an ignoramus, a fakir, a buffoon or simply a downright fraud. No matter whether he calls himself a Newthoughter, an Eddyite, a Willmansite, a Weltmerite, a Dowieite, or whatsoever the name of the particular fakir—patron saint may happen to be.

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**The Professions of Medicine and Pharmacy.**

Dear Dr. Robinson:—Truth telling is not always looked upon philosophically and good naturedly, even by those who are intelligent and discriminating. In your editorial, "Talking to the Gallery," in the November issue of the CRITIC AND GUIDE you have touched the vital spot of the pharmaceutical profession, and, as a result, some fairminded and well meaning druggists are disappointed with your two pointed interrogations in that editorial.

One druggist, a very serious, conscientious and intelligent man, told me that he did not see why you think there is no more a profession of pharmacy. "Admitting," he said, "that many pharmacists do act unprofessionally in that they make of their pharmacies bazars with bargain counters and practice substitution and omission, isn't there a greater number of honest druggists to whom the prescription is still sacred and who would never think of substitution or omission even tho they might have to sacrifice both time and money? Aren't there many druggists who love to work on the prescription and hate the sale of soda water, patent medicines, etc? Yes, there are. And as long as there are men who take special pride in the prescription not for pecuniary reasons, so long will there be a profession of pharmacy; and so long will it be a *noble* profession."

"Is it not the same with the medical profession? Are not there a multitude of doctors who have sunk down into the abyss of shameful practice and charlatanism? Are not there even among the apparently ethical members of the profession many doctors who act unethically, unjustly and unprofessionally? Should we on this account say that there is no more a profession of medicine? Or that the profession is no more a noble one? Oh no. Such reasoning is absurd. The honest pharmacist has a responsibility, a great moral responsibility, distinctly higher than the grocer's, butcher's or storekeeper's, and he has a right and privilege to be classed as a professional man."

Then snapping his fingers he added: "If he, at least, had hit his own profession as well, it would have been a square deal, but why did he choose us as his target?"

What I said is of no importance, but comment from *you* on this letter would prove very interesting.

With every wish for your continued influence,

Yours very truly,

L. BUCKLE, M.D.,

321 E. 10th St., City.

If the conscientious druggist has read the CRITIC AND GUIDE carefully he must know that the editor does hit his own profession some pretty hard blows whenever he thinks it deserves any. The editor is not an apologist for the shortcomings of the medical profession. But this is not the point. The point is that the *tendency* of the pharmaceutical profession thruout the country is away from professionalism. The largest and "best" drugstores are exhibiting the worst unprofessional features. In Hegeman's, Caswell-Massey's, etc., you can purchase now tea, coffee, and, I am told, even Uneeda biscuits. And there is no prospect of conditions improving. I do not blame the druggists. They are not responsible for social conditions, for the tendency of the times, for the new economic order of things. But this being the case the question I propounded in the November editorial is quite legitimate. Especially as it was a question, and not a positive assertion.

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## The Treatment of Sexual Weakness and other Sexual Disorders in Man and Woman.

**By William J. Robinson, M.D.**

Informal chats with the General Practitioner.

### THE TREATMENT OF MASTURBATION.

*Continuation*

In discussing the treatment of masturbation we may consider the subject under three heads. Masturbation in infants and young children, "normal" masturbation and abnormal or morbid masturbation. The term "normal" masturbation may be objected to, but the sense in which I use it will be clearly understood. Masturbation in infants and young children, before an emission is possible, is an entirely different matter from masturbation in adults. It is more a matter for the parents and tutors than for the physician. In infants it is often due to irritation and nothing else. This irritation may be caused by an acid urine, by gravel, by worms, by pruritus ani, etc. All such causes must be diligently looked after and treated. And the causes removed, the vicious habit will often cease. Where a child masturbates because he was initiated into the habit by some companion or a vicious nursemaid (not a rare occurrence) there educational measures are of chief importance. The child must be carefully and constantly watched. It should sleep with one of the parents and this will have a restraining effect on the child during the night. If necessary, it should be put to sleep in a shirt with long closed sleeves tied either in front or in back, so that the child cannot handle its genitals. A sedative and hypnotic for a few nights, so as to render the sleep more profound, may be indi-

cated. Opiates should under no circumstances be given, for aside from all other dangers with which everybody is familiar, it is a fact with which few are familar that opiates often act as an aphrodisiac. The best combination to give is 5 grains of sodium bromide combined with 2 to 3 grains of chloral hydrate. Ablutions or sitz-baths should be practiced, but the water should not be hot, and most positively it should not be cold. It should be lukewarm—about 100 F—at which temperature it acts as a sedative, and not as a stimulant.

Sometimes it may become necessary to produce artificially a sore on the penis by the application of a drop of nitric acid, etc., so that the handling of the genitals and an erection will cause considerable pain. I have tried it a number of times on adults with excellent results. And the same rather cruel treatment carefully carried out, applied to the clitoris, will prove useful in breaking the habit of masturbation in little girls.

Of spankng as a therapeutic measure I do not wish to pronounce a dogmatic opinion. Generally speaking, I am not in favor of it, but I must acknowledge that in some children a good spanking acts with greater certainty and promptness than any drug in the Pharmacopeia and National Formulary or any non-official synthetic, ethpharmal, non-secret or purely quack remedy. And it is always handy and does not cost much.

We now come to the regular, ordinary or normal masturbation. The class that is of most interest to us. A male—his age may range, oh, between 12 and 50—comes (or is brought) to us. He is masturbating rather excessively but wants to get rid of the habit. Of course the way to stop masturbating is to *stop* it. The same as with smoking. Will power is of paramount importance. But still we can help our patient very materially; we can make it easier for him to go thru his ordeal, we can help him resist temptation, we can remove certain factors which keep him in an irritated condition and which make him believe he *must* masturbate.

Remove from him, first of all, the fear that he is hopelessly lost, that he can never get well or that he can never marry. Some patients come with peculiar notions, derived principally from the quack pamphlets. Next examine the paient's urethra by sound or endoscopically. If the prostatic portion is congested and hypersensitive, as it usually is in those who practised masturbation to any excess, then here is where treatment should be directed to. Steel sounds, Kollman's dilators, the cold water urethral sound, the ice water rectal tube, instillations and irrigations of silver nitrate or protargol, instillations of hydrastine—all these measures are to be resorted to, as outlined in my article on spermatorrhea. Sedatives are distinctly in place, and it is here where I give large doses of bromides—as much as 60 grains of the com-

bined bromides of sodium, ammonium and strontium per dose. You know my opinion about hypnotics; use them as sparingly as possible; but it is often imperative to secure a sound night's rest and a quiet day, and we must resort to them occasionally. Some weaklings must have extraneous aid, and the production of a sore on the penis, by the aid of nitric acid, thermo or electro-cautery, etc., works wonders occasionally. It makes the handling of the genitals disagreeable, an erection very painful—and if we can only make the patient go two or three weeks without masturbating, the habit is broken and the battle, barring relapses, is won. Static and faradic electricity, the application of the actual cautery to the spine, are other measures which are useful. How much is due to the measures per se and how much to suggestion is hard to decide, of course.

As to intercourse. If the masturbator is totally continent, sexual intercourse is advisable. But we must not forget that intercourse alone will not cure a masturbator from his habit, and it is well to bear in mind that there are people who practice intercourse and masturbation at the same time, and both quite frequently. In fact I have treated even married men for masturbation. As to advising marriage as a cure for masturbation, I have not words strong enuf to condemn this nasty and dishonest practice. To get married before the patient is cured of his habit, before the evil results of the habit have been removed, means laying a foundation for long life misery for both husband and wife. If the patient marries before his prostatic urethra and ejaculatory ducts have been cured of their congestion it will not be long before he will suffer with premature ejaculation and perhaps impotence, and his wife—with sexual neurasthenia. I repeat, for men to get married as a cure for their sexual disorders before attempting to cure themselves by rational means is criminal. It often spells life long misery to both partners. On old maids marriage generally works like a charm—but not on men. Men must first put themselves in proper condition.

We now come to the third class—the class of abnormal masturbators. These are creatures truly to be pitied. They masturbate furiously and continually, tho they experience no pleasure from the act. Such often do land in the insane asylum. But as I stated in my previous article, it is a question whether such people become insane because they masturbate, or whether they masturbate to excess because they have something abnormal in their brain. The truth probably is that a vicious circle is soon formed—as is so often the case in pathtologic conditions—and the conditions mutually aggravate each other. The treatment of such people cannot be well conducted at home unless under the care of two very competent male nurses; they should be confined to institutions. The treatment, outside of the one outlined above, really belongs to the domain of the alienist.

## In Re "Human Sexuality."

Editor CRITIC AND GUIDE:—I have just perused the October issue of your monthly from the first line to the last, a thing, by the way, which I have done ever since I was fortunate enough to receive it. As I am an editor who receives over a hundred medical periodicals, domestic as well as foreign, I trust you will accept this tribute not as an empty phrase, for I despise "pious lies," but as one made in appreciation of your genius which has given the profession a journal at once unique and fascinating but withal of vital importance to every practitioner of medicine who does not lead the life of a recluse. It is simply a case of *palmam qui meruit ferat.*

I was not at all astonished to see in the September issue a communication from a gentleman who, for reasons best known to himself, prefers to hide his identity under the initials L. B. in which Dr. Parke's book, "Human Sexuality," has been attacked in a manner altogether too puerile to deserve serious consideration, were it not for the fact that the motives impugned to both the author and his publishers are of a character for which I can find but one suitable word—nasty.

This reproach necessarily applies to all who have said a kind word for the book, and, as I have been priviliged to review the work in the columns of the *Journal of Physical Therapy,* and as, furthermore, I consider the author's reply in the last issue altogether too mild, I trust you will grant me space enough to say a few harsh things to L. B. and incidentally to a good many members of our profession.

When Dr. Parke's book first reached my office for the purpose of having it reviewed I expected to find a perhaps clever rearrangement of the material which can be found in works of a similar character that have appeared in the past. I did not know the author and therefore was a little prejudiced, for one of my old professors, to whom I presented a small work I had written, in good natured sarcasm remarked: "Any one can make a thirteenth book out of twelve already published by others on the same subject." Imagine therefore my agreeable disappointment when even a hasty glance thru Parke's book convinced me that the author was not only a scholar of the highest degree but a man of tremendous energy, for the literature he had to wade thru to secure the historic and anthropologic information is a task from which I would have shrunk; and I am immodest enough to brag that I have a capacity for work of the kind that knows neither recreation nor relaxation. If there is any one in this wide world that can make me doff my hat to him, it is a real man of real learning, not the "famous" fellows who have the skill of maintaining a certain degree of popularity.

I admit, however, that Dr. Parke's book is not fit reading in a Sunday school class, nor in the drawing rooms of "society."

Society men and women are not in the habit of discussing sexual topics except when one of their midst commits adultery or is suing for divorce. I know personally some society ladies who would faint if some of their retinue admitted that she suffers from dysuria, but who virtually gloat when an opportunity presents itself to gossip about Mrs. So-and-So's escapades with Mrs. So-and-So's husband. Such scandal gossip, of course, is not smutty.

False shame has sent more than one man and woman to a premature grave, and if L. B. is a physician and has any practice worth speaking of he has undoubtedly had ample opportunity to observe that I am citing only every-day facts.

Is it therefore not about time we physicians treated all problems pertaining to the moral and physical welfare of patients in a practical manner freed from superstitious notions and superannuated prejudices without kid gloves? I am sure every reader of this magazine will agree with me that it is. We live in an era of enlightenment and that stands for truth absolute and bare.

When therefore an intelligent man rushes into print with a criticism that is adapted for the boudoir of a few silly old maids who are devising ways and means to reform the cigar-smoking "brutes" while inwardly longing to become the "better half" of just such an "immoral" animal, it is time that the level-headed thinkers utter a decided protest on behalf of justice, true learning and progress. And when a man of Dr. Parke's caliber places before us a work that contains in a few hundred interestingly written pages information which broadens our mental and I may add professional horizon we as a profession should be duly grateful for such a service.

L. B. reminds me of the German mistress of a ladies' boarding school who was visiting with her charges the national museum of Berlin. On perceiving in her catalog that No. 37 represented the Venus of Medici she halted her class before reaching the statue and said: "Ladies, when you reach No. 37 it will be in order to blush."

New Era Building, Chicago. G. M. BLECH, M. D.

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## The Venereal Peril.

MY DEAR FRANK:—

You are approaching a critical period of your life which demands a word from me. Your first taste of comparative freedom is gained when you enter college and you are to be still further unrestrained in your first vacation. At your birth you were carefully guarded from harm, and those guards were gradually relaxed as you developed abilities to protect yourself. You are still in an immature mental state in which you need help—a help

which I expect of the college authorities. From your letters I presume that the college is doing its duty by you in the same way I would have done or even better, but now they temporarily return you to me. If you were fifteen years older, or even ten, or perhaps but five, you would instinctively see the dangers which will surround you and no word from me would be necessary, but as you will be thrown on your own judgment to a large extent, I must step in with some advice.

I do not refer to alcohol, as I believe you thoroly understand its dangers—tho I stooped to a bribe to impress them upon your mind. The money you receive every year you abstain, is for the express purpose of tiding you over the growing mental years during which alcohol is especially harmful. I cannot say that a trifle of alcohol with meals is harmful to a mature man, indeed it might be distinctly beneficial to a few, but I do know it is not needed by youths and moreover is likely to lead to incurable drunkenness. The majority of drunkards are made so before their thirtieth year and possibly before their twentieth.

I have failed to convince you that tobacco is harmful to the immature nervous system—and I place maturity at twenty-five in this respect. My failure has caused me much self-accusation, for I somehow blame myself for not convincing you. The injury, tho slight, is nevertheless an injury which it is foolish to endure. In addition the expense is not wise for people struggling for mere existence. A few pennies saved may give you just the advantages you will need some day, and the loss of the money to be given for abstinence will some day be severely felt. Tobacco is a benefit later, no doubt, if used moderately, but it is the part of wisdom to abstain in early years.

The dangers to which I refer at this critical time are wholly sexual, for you are now likely to meet your first serious temptations, which might cause great suffering if not ruin. There is now a medical discussion going on as to how college men at your age and advancement should receive sexual instruction; for that they do need instruction cannot be denied. It is a delicate subject which has been avoided heretofore and college authorities, tho also unanimous in opinion that something should be done, are wholly at sea as to how and when to take up the matter. It is unfortunate also that laymen are themselves wofully ignorant of the subject. They have had no instruction in their own youth and have imbibed many false ideas from the wretched quack literature published for fraudulent purposes, and skilfully worded to work upon the fears of young men at an impressionable age to cheat them of large fees for worthless advice and useless medicines. There is then a growing impression that the duty is one belonging solely to the medical profession and I have been making a search for literature which might properly be placed in your hands, but I find that there is [illegible] able.

The most pernicious things in existence are quack pamphlets designed for mere boys, describing the alleged harmful results of certain acts common to the young of all mammals. On account of a natural repugnance, public opinion positively prohibits a scientific discussion of this topic. It is therefore practically impossible to give that wide publicity to the truth which will clear up current misconception. The quacks have the field to themselves, frighten boys into writing letters for advice, and these letters are then sold to some other scoundrel who repeats the scare and after he has squeezed all the money he can from the poor boy, he sells the letters over again to a third, fourth, or even a fifth criminal, after which they are of no further value. There are millions of these letters in existence and the trade in them is a long established form of swindling. Immense sums of money are thus stolen from scared boys, and why? simply because of an act which is common in the immature and of which public opinion forbids enlightenment.

Masturbation often exists in the young of the lower animals and in many of the adults, but the reasons for its existence are wholly unknown. If it were as deadly as the quacks assert, the animal world could hardly have persisted until now. It is a proved fact that in our development we pass thru stages of existence which epitomize our past evolution from lower forms of life and the boy therefore has an animal and then a savage stage, in which it is not at all strange that he should act like an animal or savage—and he does. In addition, as childish intelligence grows, the mind normally investigates feelings, passions, and organs—only imbeciles take no note of new phenomena. The childish mind has no checks to its wanderings and it therefore leads to acts which disappear as maturity approaches. It is a wise nature that protects us from harm in many ways, and in this she is not amiss. Tho the acts are unnatural and harmful in later years, yet there is some unseen agency protecting the immature. It is natural, then, as the mind matures, that the boy should be much worried over the past and feel that in some way he has been ruined. This is the time he is sure to read some of the dreadful advertisements as to lost manhood from early indiscretions. As all boys pass thru this period of worry, the quacks are sure of many victims whom they would not secure if we were able to convince the poor, scared creatures that the damage is remediable by healthy outdoor living, good food and clean thinking.

The great temptation which you are sure to encounter is the foolish assertion that sexual congress is necessary for health—a most pernicious doctrine carefully kept alive by those who live upon the trade of prostitution either directly or indirectly. It is the opposite of the truth, for we know that the whole sexual apparatus, including all the brain and nerve centers involved, will remain normal permanently without intercourse. Moreover,

it is known that hard work and clean reading repress passions, while idleness, unclean literature, and lascivious dramas excite them to an abnormal degree, and that neither state has much if any permanent result upon the tissue beyond conserving or expending energy. Continence, then, means better ability to struggle for existence and may be the means of gaining that success in life unattainable by the lustful.

Nature, here, again is our friend. The testicles secrete semen constantly and it is stored up in little reservoirs situated behind the bladder. When they become distended the semen simply passes into the urine or is forced out during sleep. As this goes on during the whole life, it is evident that these are not "losses" as the quacks state but normal excretions neither harmful nor harmless. The number of these discharges may be looked upon as a man's personal equation—they may be but one a month or less, and I have known perfectly strong, healthy men to have several every week of their lives. It is easy to convince a thoughtless boy that he is losing his manhood, and untold thousands of dollars are foolishly spent to cure nature. What is far worse, they are told that sexual intercourse is demanded, and the poor boy is steered into the clutches of the prostitutes for possible infection with venereal disease.

And this brings us to the reason for this long letter and the reason for this new crusade of instruction in the sexual life—the utmost necessity for avoiding the prostitutes in modern civilization with its delayed age of marriage. The amount of disease and death resulting from "the social evil" is so appalling that it is rightly called the "great black plague." Every prostitute is infected with venereal diseases some time in her career, men, are really very criminal and invariably oppose all efforts and usually often the majority, even tho they show no symptoms, are found to harbor the germs, and they thus spread broadcast the diseases which are playing such havoc in other walks of life. Thruout the whole civilized world an earnest organized effort is now being made to restrict this evil to a minimum.

The scientific reasons for the rise and persistence of prostitution cannot be given here, as it is too large a subject. It is sufficient to say that the institution has existed for some reason in civilization for thousands of years and will probably last some thousands more. Present efforts to eliminate it are unscientific and absurd so we must devote our whole energies to teaching boys its dangers and inducing them to avoid it. It is one of the things which kills off the human race, and like all other injurious things it will disappear when we can induce people to avoid it. There seems to be an impression among many college students that some acquaintance with prostitution is a necessary part of their education, and you will no doubt be asked to join in such parties "to see the world." That is the critical

temptation to which I have alluded, and when it comes I beg you to resist it.

The three main venereal diseases, gonorrhea, chancroid, and syphilis, are sufficiently described in the enclosed pamphlet, so I need merely direct attention to the curious paradox as to all of them which leads to such diametrically opposite popular opinions. In strong, hearty, healthy young men, gonorrhea may sometimes be a self-limited disease, lasting some four to ten weeks. Such patients get well with little treatment if it is scientifically given. Soldiers are of this class and many of them recover with little care, and for those who do come to hospital but little may be required. For some years a few physicians have given these patients no drugs whatever, merely washing out the penis many times a day with very hot water, for the germ is killed by a temperature of 113 degrees F. These exceptional cases have given rise to a widespread opinion that the disease is "no more serious than a bad cold." The actual fact is the reverse; for if there is not a perfect condition of health the man has no resistance. The germ is not killed by his tissues as it should be, so that it flourishes and spreads to the bladder, kidneys, heart, joints, and brain. Indeed there is no part of the body that can escape.

As a practical professional matter then we regard the disease as most disastrous. It causes untold numbers of deaths under other names. The germ may lie hidden for years and infect innocent wives so that 80 per cent. of surgical operations on women are due to its ravages. The damage is so great that the popular literature on the subject always assumes an hysterical tone. This is why we state that every case should be under the careful attention of a skilled and learned physician, avoiding the dangerous or useless medicines of the quacks. You would be appalled at the enormous numbers of cases of chronic invalidism and deaths due to neglected gonorrhea. The prostitute herself lives in that life only nine years and one investigator says but five. Some say she dies of alcoholism, but the more common opinion is that the cause is gonorrhea. Most of them are degenerates—the female equivalent of that male criminal. Indeed they are mostly criminals themselves, of poor health, poor physique, neurasthenic, unable to work, unable to resist the ravages of any disease—and consequently are easy victims of this one. In addition they are generally of feeble intelligence, uneducated and unfit for civilization—the rejects—and it is degrading even to meet them.

Now you have the reason for those remarkable differences of opinion about gonorrhea—with a few it is remarkably benign, but with the majority it is severe and difficult to cure. With a large number it is one of the most serious diseases afflicting mankind, sometimes impossible of cure and causing a very large proportion of deaths.

The same statements, tho to a much minor degree, may be said of the ulcer or sore on the penis—soft chancre, or chancroid (like a chancre). It is due to a variety of germs which cause ordinary abscesses, boils, etc. Many doctors treat them in only one way—irrigating them with very hot water many times a day. They heal up very promptly that way if done properly—I have had some cases to treat in which I was compelled to seat the patient all day in a bath tub full of water, to have the sore constantly washed. Neglected cases are very severe and cause abscesses in the groin, sometimes a general blood poisoning and even destruction of the penis.

In syphilis, too, we have similar contradictions. The disease is due to a microscopic germ recently discovered. It is almost surely killed by minute doses of mercury in some form, and in no other way. It requires a highly skilled physician to treat it properly. The malaria germ is killed as a rule by minute quantities of quinine circulating in the blood, but sometimes this fails and the disease requires management exquisitely careful. While we look upon malaria as a very minor affection, it can become dreadfully severe and is often fatal. Syphilis is similar in a way, easily cured but requiring much longer time—two or three years or even more. The danger of this disease is the larger number of chronic diseases of nerves and brain caused by it in after years; so that a good physician should manage each case to be certain of cure. In the last century syphilis was much more serious than now. The germ seems to be feebler and more easily destroyed by the mercury salts, but that must not blind us to its ultimate fatal results if not properly treated. I have scant respect for those popular articles for young men, describing the disease as always incurable and sure to appear in the second or third generation. That is not true at all—the cases of hereditary syphilis are very rare in comparison to the numbers existing, and are contracted only in the early stages of the disease.

The venereal diseases, particularly gonorrhea, not infrequently result in sterility of both man and woman. What is called "one child sterility" is dreadfully common. The young wife becomes pregnant and at the same time is infected with the husband's latent disease, and it destroys certain tissues after the baby is born, making further conceptions impossible. Male sterility is frequently due to gonorrheal inflammation of the testicles, and it is not generally known either.

Now for the moral side of the matter. What religious and moral instruction you have received should have convinced you of the immorality of the conduct usually dismissed as mere sowing of wild oats. I cannot add more to that except to say that morality is the crystallization of natural law—an ideal, the violation of which is unnatural and therefore harmful. It is somewhat reprehensible to place morality on such a selfish basis—but

it is more than selfishness, it is the welfare of others. I suppose you will marry in time, and you must consider your future wife and children. You do not wish to injure or kill her, and I have seen many a woman ruined or killed by infections supposed to have been cured prior to marriage. Should you have children, their welfare demands that you be in the pink of physical condition that you may support them and give them as good a start in life as your natural abilities permit. Any faults committed now may react twenty-five years later. Hence morality is really looking after yourself and others now and in the future. Children have a natural and therefore a moral right to demand perfect physical health of parents—otherwise they are cursed by being brought into the world.

Physicians are beginning to call attention to the dreadful increase of immorality and disease in the larger universities—matters which necessarily cannot come to the notice of the faculty. It is in part due to the fact that so many of the new-rich send dangerous amounts of money to their boys at the very time of life when the least is known about using it. It is a vain wish but a good one, that the big colleges could be broken up into small ones situated in the country districts of the north where the boys can live a normal natural outdoor life in a dustless atmosphere. Cities are deadly places anyhow, and should contain only those technical colleges which need city material for instruction. Your choice of a small college was wise, I can assure you. The more opportunities there are for healthy outdoor sports—not the ones requiring a nerve exhausting "training"—the more able will a man be to resist the temptations to which I refer. Beside that, the scholarly atmosphere of a small college town is not only good of itself but is conducive to a mental state which aids one in resisting the moral pitfalls met later when you take up city life.

I think now I have said enough. Much preaching is a nuisance and defeats its own purpose—for a word to the wise is sufficient. Live a clean, outdoor life, as active as circumstances permit, eat good food with sufficient animal ingredients, sleep at least nine hours a day—and your body will behave itself in every part. Don't worry over imaginary conditions and believe me that sexual continence is normal. Above all, take my word for it, that the dreadful quack literature on sexual matters is mostly false, and is prepared by criminals for swindling purposes solely. Certain newspapers are public enemies in that they yearly absorb millions of dollars for advertising the sexual swindlers and most of the money is filched from the pockets of mere boys. These newspapers, owned by supposedly moral to protect the youth of the country.

Your affectionate

*Amer. Medicine.* DAD.

# Letters to the Editor.

## Human Sexuality.

Editor of the CRITIC AND GUIDE:—It seems my little criticism went straight to the mark, for it made the author angry. But abuse is no argument and I reassert that many of the stories and descriptions in his book have no justification whatsoever and are there for one purpose only: to make the book *sell*. The same ignoble purpose that induced Zola and de Maupassant to write the way they did. I am not a prude, but I do not believe it is healthy or right to dig *unnecessarily* in filth. It is bad enuf to have to dig in filth with a good purpose, but when that purpose is simply filthy lucre . . . . excuse me. The publishers advertise that the book reads "like a novel." If the book is intended for earnest scientific men, why must it read like a novel? Evidently there is another purpose behind it. And I deny altogether that it serves any useful purpose to commit to print all the nastiness and perversions indulged in by insane or criminal degenerates.

L. B., M. D.

---

## "Few or Many Children?"

Editor CRITIC AND GUIDE:—What is the matter with the editor of the CRITIC AND GUIDE? "Be fruitful and multiply, and replenish the earth and subdue it.—Gen. 1-28. This same command was given to all the beasts and every living thing.

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with the same results, while E. G. Walker's paper in Sioux City and Egoisme in Oakland, California, were nothing backward in voicing the same sentiments. Lucifer went even so far as to advertise the use of contracepts.

Yours respectfully,
G. V. F. de Lespinasse, M.D.,
Orange City, Iowa.

---

Editor CRITIC AND GUIDE:—If for no other reason, your CRITIC AND GUIDE appeals to me because an individuality speaks out of every line. Originality in whatever form it may manifest itself, requires no apologies. I love persons and things that are different from other persons and things. If originality is put forth in the interests of a good cause it has a spark of divinity about it. A man whose *critic* is the finest kind of intelligence and whose *guide* is the most sensitive kind of a conscience, deserves all the good things in this world. If he possesses a corresponding amount of courage, there ought to be nothing too good for this man.

Cincinnati, O.

Yours very cordially,
OTTO JUETTNER, M.D., Ph.D.,
Editor *International Journal of Therapy.*

---

Dear Doctor Robinson:—I am going over the October CRITIC AND GUIDE for the third time, and I must say it seems to me one of the finest issues. You strike straight out from the shoulder, facing with your own fearlessness whatever wrong lifts its head in your path, and yet there is an absence of anything like bitterness, which I think aids enormously in carrying its message to the hearts of its readers.

Very sincerely yours,

Chicago.

WM. F. WAUGH, M. D.

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* * *

Our thoughts are creators. Our abstract ideas become materialized into concrete realities. The thought is the prefix to the act. It is the pioneer, the pilot of the deed. I agree with Grant Allen, if people begin by thinking rationally, there is danger that they may end by acting rationally, too. V. ROBINSON.

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Vol. VII. DECEMBER 1906. No. 6.

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$1.00, a year. 25c. per Copy. $3.00 for 4 Years. $10.00 for life.

PUBLISHED MONTHLY BY THE CRITIC-GUIDE CO., 12 Mt. MORRIS PARK WEST, NEW YORK

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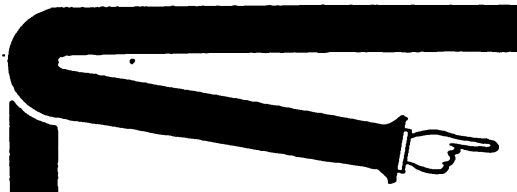

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